

D-REPORT NO. D-BOARD USE ONLY	<h2 style="margin:0;">BCSO FORMAL DISCIPLINARY REPORT</h2> <p style="margin:0;">(FOR USE WITH MAJOR OFFENSES ONLY)</p>	1. REPORT DATE <div style="text-align: center; font-size: 1.2em;">5-23-19</div> <small>(MM/DD/YY)</small>
2. INMATE NAME: <u>Detainee (b)(6)(b)(7)(C)</u>	6. LOCATION OF INCIDENT: <u>ICE - A</u>	7. DATE OF INCIDENT: <u>5-23-19</u>
5. DIVISION/FACILITY: <u>ICE</u>	4. INMATE HOUSING UNIT: <u>JA</u>	8. TIME OF INCIDENT: <u>1205 PM</u>
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)		
<p>On Above Date and Time a officer (b)(6)(b)(7)(C) Escorted (b)(6)(b)(7)(C) and student nurse (b)(6)(b)(7)(C) to ICE B. UNIT Detainee (b)(6)(b)(7)(C) was called for sick call. (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) WAS ASKING Personal Questions of student (b)(6)(b)(7)(C) while she was TAKING His Blood Pressure. This officer gave Detainee (b)(6)(b)(7)(C) orders to stop asking Personal Questions. AFTER His asset went, Nurse (b)(6)(b)(7)(C) and student nurse (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was walking very close to student nurse. This officer saw Detainee with his Left Hand Touch student nurse (b)(6)(b)(7)(C) on her Back Side and grab her Right arm. At this time officer (b)(6)(b)(7)(C) Escorted Both nurse and student nurse (b)(6)(b)(7)(C) from the unit /and returned to place Detainee (b)(6)(b)(7)(C) in that Detainee.</p>		
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Describe: _____		
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Describe: _____		
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Describe: _____		
13. Reporting Employee Signature: <u>(b)(6)(b)(7)(C)</u> Print Name: <u>(b)(6)(b)(7)(C)</u> Date: <u>5-23-19</u>		
14. (b)(6)(b)(7)(C) and incident reported and I am forwarding this report to the Watch Commander for further review and action. I shall be reviewed (b)(6)(b)(7)(C)		
Supervisor/designee Signature: _____ Print Name: _____ Date: <u>5-23-19</u>		
15. WATCH COMMANDER: (b)(6)(b)(7)(C) is incident, I am referring this report to the Inmate Discipline Board for further action.		
a. I (b)(6)(b)(7)(C) Yes <input checked="" type="checkbox"/> Form attached (b)(6)(b)(7)(C) Already on Status <input type="checkbox"/>		
Watch Commander/designee Signature: _____ Print Name: _____ Date: <u>5-23-19</u>		
16. D-BOARD: <u>TO INMATE: You have been charged with the following Offense(s) Codes Violations:</u>		
a. _____ b. _____ c. _____ d. _____ e. _____		
Disciplinary Officer Signature _____ Print Name _____ Date _____		
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:		
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.		
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.		
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).		
Inmate Signature _____ Print Name _____ Date _____		
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.		
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.		
Disciplinary Officer/Staff Signature _____ Print Name _____ Date _____		
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.		
Reviewing Authority/Designee Signature _____ Print Name _____ Date _____		

BRISTOL COUNTY SHERIFFS OFFICE

(b)(6)(b)(7)(C) Sheriff



Our Mission

We are an organization of public safety professionals committed to serve and protect the people of Bristol County

SPECIAL MANAGEMENT TRANSFER ORDER

DETAINEE'S NAME: (b)(6)(b)(7)(C) CIN: (b)(7)(E)

TIME AND DATE OF TRANSFER 05/23/2019 Approx. 1215

ORIGINAL UNIT & CELL NUMBER: ICE A Bunk 7

NEW UNIT & CELL NUMBER ED unit G-2

WAS THE USE OF FORCE NECESSARY? (Circle) Yes No

AUTHORIZED BY (b)(6)(b)(7)(C) 05/23/2019

REVIEWED BY TIME & DATE 5-23-19

INCIDENT REPORTS X MEDICAL REPORTS X D-REPORTS X

COMMENTS:

- Detainee (b)(6)(b)(7)(C) inappropriate behavior toward nursing staff
- Special Management Transfer
- Moved without incident



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: **(b)(6)(b)(7)(C)** ID#: **(b)(6)(b)(7)(C)**
From: **(b)(6)(b)(7)(C)** Date: 5-23-19

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

- Code Number: Offense:
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5 Conduct which disrupts...
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12 Throwing objects, spitting... at another.
 - 1-13 Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16 Violating any department rule or regulation
 - 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25 Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
 - 1-31 Possession of any tobacco, ...
 - 1-32 Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication...
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA...
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

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Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification.

+++++ **(b)(6)(b)(7)(C)** +++++
Authorized: **(b)(6)(b)(7)(C)** Title: LT

A copy of this notice has been served on the above named inmate.
Staff signature: **(b)(6)(b)(7)(C)** date: 5-23-19 time: 1341

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 05/23/2019

Date and Time of Incident: 05/23/2019

Location of Incident: ICE-B

Description:

On the above date and time this student nurse was shadowing (b)(6)(b)(7)(C) in ICE-B unit. While this student nurse was in the unit, security had spoken to (b)(6)(b)(7)(C) CIN# (b)(7)(E) about inappropriate behavior towards this student nurse. This nurse was then taking (b)(6)(b)(7)(C) CIN# (b)(7)(E) blood pressure when he grabbed at my arm. Then, when obtaining another detainees blood pressure, detainee (b)(6)(b)(7)(C) approached the student nurse from behind and grazed with an open hand my right buttock. I then turned and told (b)(6)(b)(7)(C) that detainee (b)(6)(b)(7)(C) had just touched me inappropriately. (b)(6)(b)(7)(C) then informed unit officer and we left the unit right after. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C) New Bedford MA 02745

508951 (b)(6)(b)(7)(C)

Employee's Signature _____

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 5/23/2019

Date and Time of Incident: 5/23/2019 Approx.. 1215

Location of Incident: ICE A

Description: Detainee (b)(6)(b)(7)(C) (b)(7)(E)

On the above date and time while assigned as the Supervisor of Immigration Services I was contacted by Officer (b)(6)(b)(7)(C) and informed that detainee (b)(6)(b)(7)(C) had touched nursing student (b)(6)(b)(7)(C) inappropriately.

I was relieved by Lieutenant (b)(6)(b)(7)(C) from the cookhouse and preceded to the ICE Building to deal with this situation. When I arrived at the ICE Building detainee (b)(6)(b)(7)(C) was in hand restraints waiting in the sally port area.

This detainee was transported by me to DHOC medical and had a segregation evaluation conducted. Detainee (b)(6)(b)(7)(C) made statements of self-harm to mental health staff and was placed on an eye ball watch in ED unit.

This detainee was escorted to EE unit where a strip search was conducted per the Superintendents policy regarding placement in the ASU area. No contraband was found and detainee (b)(6)(b)(7)(C) was housed in ED G-2 without incident.

-END OF REPORT-

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: c/o (b)(6)(b)(7)(C)

Reporting Date: 5/23/2019

Date and Time of Incident: 05/26/2019

Location of Incident: Ice A unit

On above date and time I officer (b)(6)(b)(7)(C) was assigned to ICE/ B

This officer escorted nurse (b)(6)(b)(7)(C) and training student nurse (b)(6)(b)(7)(C) from ice a unit to ice b to unit to conduct Sick call in ice a unit. Once in the ice a unit nurse (b)(6)(b)(7)(C) asked this officer to call detainee (b)(6)(b)(7)(C) (b)(7)(E) to be assessed. This detainee was sitting to the right rear front side of the day room in a plastic chair reading a book. While sitting training nurse student (b)(6)(b)(7)(C) conducted this detainees blood pressure. This detainee was asking if (b)(6)(b)(7)(C) was a student and were she went to school at. This officer gave detainee (b)(6)(b)(7)(C) Orders to stop asking personal questions. While being seen by nursing staff at this point nurse (b)(6)(b)(7)(C) was complete with her assessment. At this time nurse (b)(6)(b)(7)(C) asked this officer to call a second detainee to where we stood by the last bunk on the left of the back of the unit on the right the other detainee was seated on this bunk student nurse was asked to take the second detainees blood pressure. While being seated. Student nurse (b)(6)(b)(7)(C) stood behind nurse (b)(6)(b)(7)(C) on this officer right side. This officer looked over my right shoulder. And noticed that detainee (b)(6)(b)(7)(C) was walking by student nurse (b)(6)(b)(7)(C) and was very close to her back side and with his left hand this detainee touched student nurse (b)(6)(b)(7)(C) on her back side and also grabbed her Right arm. At this officer asked student nurse (b)(6)(b)(7)(C) did he touch you and she said yes he grabbed my ass and my arm at this time. I Officer (b)(6)(b)(7)(C) gave both nurse and student nurse to exits the unit b and called for officer (b)(6)(b)(7)(C) to assist this officer. To place detainee (b)(6)(b)(7)(C) in hand restraints they were applied firm to the wrist but not to impede circulation and was double locked for safety. Detainee was escorted to holding area and was awaiting transport from the ice building. Area supervisor was notified Lt (b)(6)(b)(7)(C) responded he was in route to pick up detainee (b)(6)(b)(7)(C) from ice building.

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) LPN

Reporting Date: 05/23/2019

Date and Time of Incident: 05/23/2019

Location of Incident: ICE-A

Description:

On the above date and time of 1130 this nurse was assessing a detainee (b)(6)(b)(7)(C) cin# (b)(7)(E) during sick call. Nursing student (b)(6)(b)(7)(C) was shadowing this nurse and taking (b)(6)(b)(7)(C) blood pressure. (b)(6)(b)(7)(C) was warned by Officer (b)(6)(b)(7)(C) to stop asking the nursing student personal questions and to refrain from touching the nurse while his pressure was being taken. (b)(6)(b)(7)(C) had been spoken to prior for inappropriate behavior and glances towards the nursing student during med pass. Once assessed and spoken to about such assessment this nurse moved on to the next detainee sick slip. We were assessing another detainee our backs towards (b)(6)(b)(7)(C) and considerable distance apart approximately 20 feet from (b)(6)(b)(7)(C). However (b)(6)(b)(7)(C) made a point to go out of his way to travel a path directly behind the student nurse (b)(6)(b)(7)(C) while grazing her buttocks with an open hand. Student nurse (b)(6)(b)(7)(C) proceeded to inform me the incident immediately. I told Officer (b)(6)(b)(7)(C) and sick call stopped immediately and we were escorted out of the unit. (b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) LPN

Reporting Date: 05/23/2019

Date and Time of Incident: 05/23/2019 @ 1225

Location of Incident: HSU

Description: On the above date and time, an initial segregation assessment was performed on Detainee (b)(6)(b)(7)(C) CIN# (b)(7)(E) Detainee states "Not right now" when asked if he is suicidal. This nurse asked if detainee was having any thought or plans to hurt anyone else, he states "I always want to hurt and fight people". On site mental health clinician contacted r/t inmates vague statements about suicidal ideations. This detainee was instructed on how to contact medical, dental, and mental health services if needed while remaining in segregation. (b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

1-11
16

(b)(6)(b)(7)(C)

Booked: 05/08/2019

Incident ID: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

Booking Number: (b)(6)(b)(7)(C)

Report Date: 05/24/2019

Incident Date: 05/24/2019

Incident Time: 13:01

Location: HOC- 8 00 4

Event Type: DISCIPLINARY

Report Subject: FORMAL

Reporting Officer: (b)(6)(b)(7)(C)

Persons Involved: (b)(6)(b)(7)(C)

Disposition: Moved to Medical Unit

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1D/ Abusive or Threatening language	Formal		
3C/ Disruptive behavior	Formal		
7A/ Disobey order	Formal		
7C/ Insolence to staff	Formal		
7D/ Resist Officer	Formal		
11B/ obscene language, action, gest	Formal		

Initial Report:

On Friday, May 24, 2019 while standing by as SERT Supervisor, I Captain (b)(6)(b)(7)(C) have the following to report. At approximately 2:01pm Ice Detainee (b)(6)(b)(7)(C) was placed in the restraint chair for being a continuous disruption in Unit 8-4. Detainee (b)(6)(b)(7)(C) resisted staff, removed all of his clothing until he was naked. Staff made several attempt to gain compliance however Detainee (b)(6)(b)(7)(C) ignored their verbal orders to stop his disruptive behavior and continuously yelled, "Get the fuck off me you fucking bitch! you fucking cunt! Fuck America!". He then stood on the dayroom table physically resisted staff's attempt to place him in handcuffs. He was forcefully taken to the ground and continued to resist staffs attempts to apply handcuffs. Due to his non compliance and threatening behavior authorization for the restraint chair was granted by the Shift Commander. He was placed in the chair and escorted to medical at which time he continued to repeatedly sing, "Paparazzi " by Lady Gaga. Mental Health was notified and during the evaluation he refused to cooperate other than admit that he resisted staff stating, "Yes I fought them."

(b)(6)(b)(7)(C)

Reporting Staff:

(b)(6)(b)(7)(C)

Position: CO-5

PRINT (FIRST)

PRINT (LAST)

<input type="checkbox"/> INMATE REFUSED INFORMAL SANCTION	<input checked="" type="checkbox"/> FORMAL HEARING REQUESTED	<input type="checkbox"/> REFER TO S.I.D.
<input type="checkbox"/> Oral warning	<input type="checkbox"/> Written reprimand	(b)(6)(b)(7)(C) No (circle one) 5-24-19 Date 5/24/19 Date 5/28/19 Date
<input type="checkbox"/> Restricted movement 24 48 72 (circle one)	<input type="checkbox"/> Loss of visits for 72 hrs	
<input type="checkbox"/> Susp. From detail 24 48 72 (circle one)	<input type="checkbox"/> Loss of canteen for 72 hrs	
<input type="checkbox"/> Loss of phone for 72 hrs	<input type="checkbox"/> Referred to Classification	
BEGIN: _____ AM PM ON _____		
END: _____ AM PM ON _____		
_____ INMATE SIGNATURE	_____ DATE	

Suffolk County Sheriff's Dept
 Inmate Disciplinary Report
 for

141
 16

(b)(6)(b)(7)(C)

Booked: 05/08/2019

Incident ID: (b)(7)(E)
 Name: (b)(6)(b)(7)(C) Booking Number: (b)(6)(b)(7)(C)
 Report Date: 05/24/2019 Incident Date: 05/24/2019 Incident Time: 13:35
 Location: HOC- 8 00 4 Event Type: DISCIPLINARY
 Report Subject: FORMAL Reporting Officer: (b)(6)(b)(7)(C)
 Persons Involved: (b)(6)(b)(7)(C) Disposition: Moved to Segregation on Awaiting Action Status

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3C/ Disruptive behavior	Formal		
7A/ Disobey order	Formal		
7D/ Resist Officer	Formal		
11B/ obscene language, action, gest	Formal		

Initial Report:

On the above date, I CO (b)(6)(b)(7)(C) while assigned to the 8-4 Unit with CO (b)(6)(b)(7)(C) have the following to report. At approximately 1:35 AM, in the 8-4 Housing Unit, DT (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) was in violation of Institution Policy where as he did disrupt the orderly running of the Unit, ignored numerous staff orders, physically resisted staff, and became combative with staff.

DT (b)(6)(b)(7)(C) was walking back and forth in the housing area of the unit when his behavior became noteworthy where as he was holding a hand written sign while singing and yelling out "Freedom of Speech" and other such slogans while aggressively marching back and forth in the hallway. CO (b)(6)(b)(7)(C) approached him to see if he was feeling well. At this time DT (b)(6)(b)(7)(C) did ignore CO (b)(6)(b)(7)(C) and proceeded to start taking off his clothes. He then jumped up on the table across from the drinking fountains and began to sing a variety of songs made popular by "Madonna". At this time, DT (b)(6)(b)(7)(C) ignored numerous orders by myself and CO (b)(6)(b)(7)(C) to get down off the table. CO (b)(6)(b)(7)(C) then called Central Control to let them know we have a disruptive detainee in the unit. CO (b)(6)(b)(7)(C) and myself tried to escort DT (b)(6)(b)(7)(C) off the table when he became physically resistive. He actively and ferociously thrashed about taking off all of his clothes. CO (b)(6)(b)(7)(C) and I brought him to the ground and handcuffed him. Lt. (b)(6)(b)(7)(C) SERT teams 6 ((b)(6)(b)(7)(C)) and 7 ((b)(6)(b)(7)(C)) responded. DT (b)(6)(b)(7)(C) continued to be resistive to them. Capt. (b)(6)(b)(7)(C) and CO (b)(6)(b)(7)(C) also responded. DT (b)(6)(b)(7)(C) was taken out the unit in the restraint chair.

(b)(6)(b)(7)(C)

Reporting Staff: _____

Reporting Staff: _____

Position: CU

PRINT (FIRST)

PRINT (LAST)

INMATE REFUSED INFORMAL SANCTION

- Oral warning
- Restricted movement 24 48 72 (circle one)
- Susp. From detail 24 48 72 (circle one)
- Loss of phone for 72 hrs
- Written reprimand
- Loss of visits for 72 hrs
- Loss of canteen for 72 hrs
- Referred to Classification

BEGIN: _____ AM PM ON _____
 END: _____ AM PM ON _____

INMATE SIGNATURE

DATE

FORMAL HEARING REQUESTED REFER TO S.I.D.

(b)(6)(b)(7)(C)

No (circle one)

5/29/19
 Date

5/24/19
 Date

5/28/19
 Date

Disciplinary Officer's Signature

Date/Time: 05/24/2019 18:30**Author:** (b)(6)(b)(7)(C)

On Friday, May 24, 2019 while standing by as SERT Supervisor, I Captain (b)(6)(b)(7)(C) have the following to report. At approximately 2:01pm Ice Detainee (b)(6)(b)(7)(C) was placed in the restraint chair for being a continuous disruption in Unit 8-4. Detainee (b)(6)(b)(7)(C) resisted staff, removed all of his clothing until he was naked. Staff made several attempt to gain compliance however Detainee (b)(6)(b)(7)(C) ignored their verbal orders to stop his disruptive behavior and continuously yelled, "Get the fuck off me you fucking bitch! you fucking cunt! Fuck America!" . He then stood on the dayroom table physically resisted staff's attempt to place him in handcuffs. He was forcefully taken to the ground and continued to resist staffs attempts to apply handcuffs. Due to his non compliance and threatening behavior authorization for the restraint chair was granted by the Shift Commander. He was placed in the chair and escorted to medical at which time he continued to repeatedly sing, "Paparazzi " by Lady Gaga. Mental Health was notified and during the evaluation he refused to cooperate other than admit that he resisted staff stating, "Yes I fought them."

Suffolk County Sheriffs Department
Incident Report

To: Captain (b)(6)(b)(7)(C)
From: Lieutenant (b)(6)(b)(7)(C)
Re: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

May 24, 2019

Sir,

While assigned as Building Eight Supervisor on May 24, 2019 I Lieutenant (b)(6)(b)(7)(C) have the following to report. At approximately 1:35 PM I heard a radio transmission of a disruptive detainee in the 8-4 unit. I immediately responded.

Upon my arrival I observed Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) struggling to gain control of a Detainee, Later identified as (b)(6)(b)(7)(C) (b)(6)(b)(7)(C). As I entered the unit with responding SERT I began to secure the unit as all detainees were crowding around to watch (b)(6)(b)(7)(C). After securing the unit I observed a naked (b)(6)(b)(7)(C) on the floor in restraints screaming loudly. He also made statements about Madonna, J.F.K. and human rights. He then started singing.

As Officers stood him up and attempted to help him put his clothes back on he became restive again and was returned to the prone position. At this point I notified Operations this appeared to be a mental health issue and requested a segregation cell in the medical housing unit. I then requested to utilize the restraint chair for transportation purposes.

Several minutes later Captain (b)(6)(b)(7)(C) entered the unit to assist with placing him in the restraint chair and escorting him to the medical housing unit. As of the time of the writing of this report (b)(6)(b)(7)(C) remains in the restraint chair secured in cell #9. If you have any questions regarding this matter feel free to contact me.

(b)(6)(b)(7)(C)



**U.S. Immigration
and Customs
Enforcement**

May 24th, 2019

Re: Serious incident/Disruptive Behavior, (b)(6)(b)(7)(C)

To: O.I.C.,

On May 24th, 2019 I witnessed ICE Detainee (b)(6)(b)(7)(C) on top of a Rec. table in the building 8-4 unit. He was half dressed singing on top of the table and yelling Human Rights. Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) went to the table and told him to get down from the table. He refused. The two Officers grabbed an arm and brought him to the floor. He refused to comply until they finally brought him to the ground. The two Officers were then assisted by the building 8 Cert. team and Lt. (b)(6)(b)(7)(C)

He continued to yell and disrobe. The Building 8 Cert. team placed handcuffs on subject and then waited for the restraint Chair. I departed the unit.

Respectively submitted,

(b)(6)(b)(7)(C)

Suffolk County HOC Liaison
Boston Field Officer

Suffolk County Sheriff's Department

Boston Massachusetts

To: Major (b)(6)(b)(7)(C)

From: Captain (b)(6)(b)(7)(C)

Subject: Authorization for use of the restraint chair

Date: May 24, 2019

Ma'am,

On Friday May 24, 2019 while assigned as the shift commander during the 3-11 shift I did give authorization for captain (b)(6)(b)(7)(C) the Sert supervisor to place ICE Detainee# (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) restraint chair due to his continuous disruptive behavior and his refusal to comply with staff's orders. He was placed in the restraint chair for transport to the infirmary for further evaluation.

Document fully submitted
(b)(6)(b)(7)(C)



Suffolk County Sheriff's Department Incident Report

To: Captain (b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C)

Date: May 24, 2019

RE: ICE Detainee (b)(6)(b)(7)(C) (8-4, (b)(6)(b)(7)(C))

At approximately 1:50 PM, I arrived on scene in the 8-4 unit after a radio transmission of a “disruptive inmate.” Lieutenant (b)(6)(b)(7)(C) Building 8 Supervisor, notified me he had already called for the use of the restraint chair due to his disruptive, erratic and resistive behavior. (Please note: the detainee had taken his clothes off twice and was now naked in the fetal position on the unit floor.) While the camera and restraint chair were being retrieved, Detainee (b)(6)(b)(7)(C) was screaming and yelling incoherent statements, singing, yelling he was “protesting”, and screaming for people to “get the fuck off” of him, he was going to “kill everyone.” He continued to attempt to push off the ground, pull his legs under his body and push himself off the ground. He continued screaming he was “protesting” and wanted to leave. When I assisted Corporal (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) with his resistive behavior; he continued to scream and yell incoherently with abusive language entwined. (“Fuck you you fucking bitch! Don’t you fucking touch me you cunt!” on repeat.) He refused all orders to cease twisting and moving his body. He would cease his actions for a moment and then escalate them with attempting to twist his body, move his legs under him to push himself off the ground.

Once the restraint chair arrived on scene, Officer (b)(6)(b)(7)(C) began filming my introduction and the restraint chair process. At approximately 2:01 PM, the placement in the restraint chair was completed. Officer's (b)(6)(b)(7)(C) completed the restraint chair placement. (Officer (b)(6)(b)(7)(C) filmed the placement of the Detainee in the restraint chair up until the second medical evaluation.) Due to his erratic behavior, he was escorted to the rear of the infirmary in the restraint chair; oddly singing the whole way over. At approximately 2:09 PM, we arrived with ICE Detainee (b)(6)(b)(7)(C) in the rear of the infirmary, cell 9. A visual of Detainee (b)(6)(b)(7)(C) in the restraint chair was confirmed with Medical Officer, Officer (b)(6)(b)(7)(C) and the medical assessment began. At approximately 2:10 PM, Nurse (b)(6)(b)(7)(C) conducted the first medical evaluation; clearing him to remain the restraint chair. At approximately 2:30 PM, the second medical evaluation was completed, and for his safety due to his erratic, unpredictable and resistive behavior, he remained in the restraint chair.

Once the second medical evaluation was conducted, with SERT and I standing by, and concern for his inconsistent behavior, Mental Health (b)(6)(b)(7)(C) spoke with ICE Detainee (b)(6)(b)(7)(C) who stated he was dancing in the unit on top of the dayroom table, naked, to protest; but when asked what he was protesting he retorted with gibberish and unintelligible answers. When he was asked directly by Mental Health (b)(6)(b)(7)(C) "Did you resist or fight staff?" He responded, "Yes, I fought staff." She completed her Mental Health evaluation and the cell door was secured.

I exited the infirmary to begin my report, and to collect and review others. When 3-11 PM SERT Supervisor, Lieutenant (b)(6)(b)(7)(C) arrived, I briefed her on what had occurred and that he remained in the restraint chair at this time. At approximately 4:07 PM, Lieutenant (b)(6)(b)(7)(C) removed ICE Detainee (b)(6)(b)(7)(C) from the restraint chair and he was returned to cell 9. Nurse (b)(6)(b)(7)(C) conducted the final medical evaluation and he was medically cleared to remain in the cell.

At approximately 4:30 PM, Mental Health (b)(6)(b)(7)(C) completed a second evaluation and stated he was cleared to be placed in 1-4-1. He was escorted by SERT to 1-4-1, cell 16. (This situation was captured on Media Card #18.)

**SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT**

TO: Captain (b)(6)(b)(7)(C)
FROM: Lieutenant (b)(6)(b)(7)(C)
DATE: May 24, 2019
RE: Ice Detainee (b)(6)(b)(7)(C) (#(b)(6)(b)(7)(C))

Sir,

On Thursday, May 24, 2019 while on duty as SERT Supervisor, I, Lieutenant (b)(6)(b)(7)(C) have the following to report.

At approximately 4:05pm I along with SERT 3 Officers, (b)(6)(b)(7)(C) SERT 1, Officer (b)(6)(b)(7)(C) reported the rear of the infirmary cell (#09) to attempt to gain compliance from Detainee (b)(6)(b)(7)(C) (#(b)(6)(b)(7)(C)) and remove him from the restraint chair. I asked him if he was willing to comply with the facility rules and regulations and he stated he was willing to comply. I informed him that a strip search would be conducted as well as a medical evaluation and asked him if he was willing to comply and he stated, "Yes." At approximately 4:14pm, SERT 2 Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) then initiated the restraint removal process while SERT 1, Officer (b)(6)(b)(7)(C) operated the camera which documented the restraint removal process on media card (#18).

Detainee (b)(6)(b)(7)(C) was assisted to his feet and escorted into the cell where a routine strip search was conducted. Once completed, handcuffs were reapplied (in the front) in order for Nurse (b)(6)(b)(7)(C) to conduct a medical evaluation. Once the medical evaluation was completed and he was cleared to remain in the cell. The restraints (handcuffs) were removed. All staff exited the cell and the cell was secured. The camera was turned off.

Be advised, Detainee (b)(6)(b)(7)(C) was subsequently evaluated by Mental Health clinician, (b)(6)(b)(7)(C) and cleared to be housed in Unit 1-4-1 (#16). The above incident is documented on Media Card (#18). Along with this report please see additional reports submitted by Officers (b)(6)(b)(7)(C).

(b)(6)(b)(7)(C)

TO: LT. (b)(6)(b)(7)(C)

FROM: Officer (b)(6)(b)(7)(C)

DATE: May 24 2019

RE: Use of Force

Sir,

On May 24, 2019 while assigned to the 8-4 unit I have the following to report. At Approximately 1:35 p.m. Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was walking up and down the hallway holding a sign. My partner Officer (b)(6)(b)(7)(C) and I observed him for a couple of minutes as he got more animated by holding the sign up to a camera. I went down the hallway to check on him. As I walked down the hallway I asked D/T (b)(6)(b)(7)(C) if everything was ok. He stated "I want to speak to Trump" I asked if everything was good I don't want a disturbance. In response he stated "I will show disturbance". He then ran out to the dayroom and jump on the table. D/T (b)(6)(b)(7)(C) refused to get down started singing Madonna songs and started to strip off his clothes operations was notified.

My partner Officer (b)(6)(b)(7)(C) and I tried to guide him off the table and that's when he became resistive towards us both as he refused to be handcuffed. I had to use force by putting my arm around his shoulder and pulling backwards to the floor, additional staff entered the unit to assist. At that point I was able to place handcuffs on D/T (b)(6)(b)(7)(C) D/T (b)(6)(b)(7)(C) was then continued resisted staff once in handcuffs by trying to get up, he was subsequently placed in the restraint chair and escorted out and placed on a mental health watch.

(b)(6)(b)(7)(C)

Friday May 24, 2019

To: Lt. (b)(6)(b)(7)(C)

From: CO (b)(6)(b)(7)(C)

RE: DT (b)(6)(b)(7)(C)

On the above date, I CO (b)(6)(b)(7)(C) while assigned to the 8-4 Unit with CO (b)(6)(b)(7)(C) have the following to report while in the 8-4 Housing Unit, DT. (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) was written up for a number of violations of Institution Policy where as he did disrupt the orderly running of the Unit, ignored numerous staff orders, physically resisted staff, and became combative with staff.

I did observe DT (b)(6)(b)(7)(C) beginning to exhibit unusual behavior when I conducted a cell check at app 1:20 pm on the above date. He was sitting on the floor in front of the cell #12area singing and holding a hand written sign. I did not notice what was written on the sign. As the afternoon continued DT (b)(6)(b)(7)(C) behavior became more and more intense. He would continually shake his sign in front of the camera by the Exit sign, across from cell #13. At the same time he would scream something about President Trump. I couldn't understand everthing he was saying. DT (b)(6)(b)(7)(C) continued walking back forth more and more aggressively yelling out "Freedom of Speech" and other such slogans. CO (b)(6)(b)(7)(C) approached him to see if he was feeling well. At this time DT (b)(6)(b)(7)(C) did ignore CO (b)(6)(b)(7)(C) and proceeded to start taking off his clothes. He then jumped up on the table across from the drinking fountains and began to sing a variety of songs made popular by "Madonna". At this time, DT (b)(6)(b)(7)(C) ignored numerous orders by me and CO (b)(6)(b)(7)(C) to get down off the table. CO (b)(6)(b)(7)(C) then called Central Control to let them know we have a disruptive detainee in the unit.

CO (b)(6)(b)(7)(C) and I tried to escort DT (b)(6)(b)(7)(C) off the table when he became physically resistive. He actively and ferociously thrashed about taking off all of his clothes. CO (b)(6)(b)(7)(C) and I brought him to the ground and handcuffed him. Lt. (b)(6)(b)(7)(C) SERT teams 6 (b)(6)(b)(7)(C) and 7 (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) responded. DT (b)(6)(b)(7)(C) continued to be resistive to them. Capt. (b)(6)(b)(7)(C) and CO (b)(6)(b)(7)(C) also responded. DT (b)(6)(b)(7)(C) was taken out the unit in the restraint (b)(6)(b)(7)(C)



Suffolk County Sheriff's Department



Jail
200 Nashua Street
Boston, MA 02114
(617) 635- (b)(6)(b)(7)(C)

House of Correction
20 Bradston Street
Boston, MA 02118
Tel: (617) 635- (b)(6)(b)(7)(C)
Fax: (617) 704- (b)(6)(b)(7)(C)

STEVEN W. TOMPKINS
SHERIFF

To: Captain (b)(6)(b)(7)(C)
From: Cpl. (b)(6)(b)(7)(C)
Date: 5/24/19
Re: disruptive Detainee 8-4unit

Pg __ of __

Mom,

On 5/24/19 at approximately 1:35 pm I Cpl. (b)(6)(b)(7)(C) did respond to a call of a disruptive inmate (detainee) in the 8-4unit. I Cpl. (b)(6)(b)(7)(C) assigned to Sect 7 entered the unit and observed Detainee (b)(6)(b)(7)(C) standing naked on a Dayroom Table, screaming and resisting the attempts of the unit officers to bring him off the table to restrain him. I then assisted unit officer (b)(6)(b)(7)(C) to bring him down to the floor and using arm bar restraint techniques managed to handcuff Detainee (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) continued to resist by struggling to free himself and moving his arms to pull away and his legs to maneuver his body in fetal position. Lt. (b)(6)(b)(7)(C) was on scene as well as Sect 6 Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C). C/O Oditt was also on the scene at this time.

Lt. (b)(6)(b)(7)(C) requested Detainee (b)(6)(b)(7)(C) be put in the restraint chair as he continued to actively resist in the same way. He was then placed in the restraint chair. C/O (b)(6)(b)(7)(C), (b)(6)(b)(7)(C) and myself Corporal (b)(6)(b)(7)(C) He was then escorted to the rear of Medical for evaluation by Nurse (b)(6)(b)(7)(C) (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) was medically cleared by the Nurse to remain in the Chair at that time.

Respectfully Submitted

Cpl. (b)(6)(b)(7)(C)

SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT

To: Captain (b)(6)(b)(7)(C)

From: Deputy (b)(6)(b)(7)(C)

Date: May 24, 2019

RE: Ice detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

On Friday the 24th of May 2019. I Deputy (b)(6)(b)(7)(C) have the following to report.

Upon arriving in the 84 unit at approximately 1:35pm. Corporal (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) did have Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) in handcuffs behind his back on the floor in the dayroom. I relieved Officer (b)(6)(b)(7)(C) and assisted Corporal (b)(6)(b)(7)(C) at this time. Detainee (b)(6)(b)(7)(C) did not have on any clothes and we did put pants on the detainee but he became agitated and kicked his pants off. At the same time the detainee was yelling "human rights" and twisting and pulling away from me then myself and Corporal (b)(6)(b)(7)(C) took the detainee to the ground. The detainee kept yelling and trying to pull away from us. I held him on the ground. Lt. (b)(6)(b)(7)(C) then called for the Restraint Chair and the detainee was placed in the chair and moved to cell #09 in the Infirmary unit.

(b)(6)(b)(7)(C)



Suffolk County Sheriff's Department Incident Report

To: Captain (b)(6)(b)(7)(C)
From: Officer (b)(6)(b)(7)(C)
Date: 5/24/2019
RE: ICE D/T (b)(6)(b)(7)(C)

On Friday May 24, 2019 I Officer (b)(6)(b)(7)(C) was assigned to SERT 3 and have the following to report;

At approximately 1:50 pm I did hear a radio transmission stating that the SERT team covering Building eight needed the restraint chair for an inmate who was persistently resisting staff. As a result I responded to the 8-4 unit where I witnessed ICE D/T (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) actively resisting staff on the floor in the middle of the dayroom. It should be noted that D/T (b)(6)(b)(7)(C) was naked from stripping his own clothes off during the middle of the recreation period. Also his legs were tucked under his body as he screamed incoherently in what appeared to be a blend of multiple languages. I immediately relieved Captain (b)(6)(b)(7)(C) who was maintaining control of D/T (b)(6)(b)(7)(C) head so that she could effectively direct responding security staff. I did apply pressure to D/T (b)(6)(b)(7)(C) using the mandibular angle technique. As a result D/T (b)(6)(b)(7)(C) did kick his legs out so that leg irons could be applied. Captain (b)(6)(b)(7)(C) made the determination that due to his resistive actions and belligerent behavior he should be placed in the restraint chair for everyone's safety including his own. At this time D/T (b)(6)(b)(7)(C) was placed in the restraint chair where I applied the waist strap followed by the shoulder straps and the leg straps. At approximately 2:10 pm D/T (b)(6)(b)(7)(C) was successfully placed in the restraint chair to be transported to the rear of medical. Once in the Infirmary D/T (b)(6)(b)(7)(C) was placed in cell #9 where he was evaluated by Nurse (b)(6)(b)(7)(C) who cleared him to remain in the restraint chair. Approximately fifteen minutes later at 2:30 pm a secondary evaluation was conducted and once again Nurse (b)(6)(b)(7)(C) cleared D/T (b)(6)(b)(7)(C) to remain in the restraint chair.

Respectfully Submitted

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

To: Captain (b)(6)(b)(7)(C)

From: C/O (b)(6)(b)(7)(C)

Date: 5/24/19

Subject: D/T (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On Friday May 24, 2019 I Officer (b)(6) responded to a disruptive inmate in the 8-4 unit. Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was being placed in the restraint chair. I arrived in the unit at approximately 2:00pm with the camera (SCSD memory card #18) to record the detainee being placed in the restraint chair. He was escorted in the chair to the rear of the medical housing unit and placed in cell number 9. A medical evaluation was conducted by Nurse (b)(6)(b)(7)(C). He was cleared to remain in the restraint chair.

At approximately 2:25pm a medical evaluation was completed on D/ (b)(6)(b)(7)(C) in the rear of the infirmary outside of cell number 9 by Nurse (b)(6)(b)(7)(C). D/ (b)(6)(b)(7)(C) was cleared to remain in the restraint chair, he was placed back into cell 9, nothing further to report.

Respectfully Submitted

(b)(6)(b)(7)(C)

SUFFOLK COUNTY SHERIFFS'S DEPARTMENT

INCIDENT REPORT

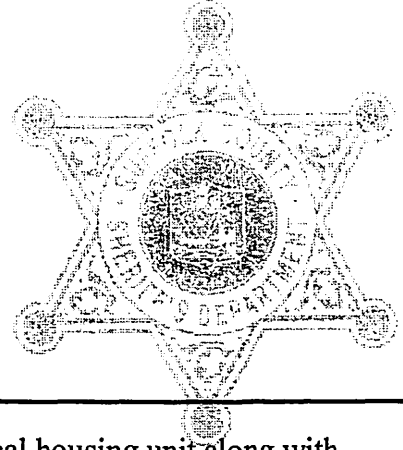
TO: Lt. (b)(6)(b)(7)(C)
FROM: Officer (b)(6)(b)(7)(C)
DATE: 5/24/19
RE: ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On Friday May 24th, 2019 while assigned to Sert (1) on the 3-11pm shift, I Officer (b)(6)(b)(7)(C) have the following to report. At approximately 4:00 pm I reported to the rear of medical to assist in the removal of ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) from the restraint chair. Upon arrival I began to record the detainee's removal and all interactions utilizing SD card #18. I then removed the SD card, secured it in a case and delivered it to the SERT Supervisor Lt. (b)(6)(b)(7)(C)

Respectfully Submitted

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department



To: Capt. (b)(6)(b)(7)(C)

From: Sgt. (b)(6)(b)(7)(C)

Date: May 24, 2019

Re: ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On Friday May 24, 2019 I, Sergeant (b)(6)(b)(7)(C) was assigned to the medical housing unit along with Officer (b)(6)(b)(7)(C) At approximately 2:09pm SERT personnel (Officers (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and Capt. (b)(6)(b)(7)(C) escorted ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 8-4 to cell (9) in the restraint chair. MHU Nurse (b)(6)(b)(7)(C) assessed ICE Det. (b)(6)(b)(7)(C) at approximately 2:11pm. He remains in cell (9) for close monitoring.

At approximately 2:29pm Nurse (b)(6)(b)(7)(C) conducted a second assessment on ICE Det (b)(6)(b)(7)(C) in the presence of Officers (b)(6)(b)(7)(C) . Shortly after Mental Health Provider (b)(6)(b)(7)(C) assessed ICE Det (b)(6)(b)(7)(C) He remains in cell(9) in the restraint chair for monitoring.

(b)(6)(b)(7)(C)
Respec
Sgt (b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

To: Captain (b)(6)(b)(7)(C)
From: Sergeant (b)(6)(b)(7)(C)

Date: May 24th, 2019

Re: D/T (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

Ma'am,

On Friday May 24th, Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was both medically cleared (LPN. (b)(6)(b)(7)(C) and cleared by Mental Health (Clinician (b)(6)(b)(7)(C)) after his removal from the Restraint Chair for a previous infraction. After being cleared by medical and mental health, Captain (b)(6)(b)(7)(C) notified Booking and authorized his move to the 1-4-1 unit, as there was neither a medical or mental health reason for his current housing in the Infirmary. Detainee (b)(6)(b)(7)(C) was escorted from the Infirmary (cell #9) and placed in the 1-4-1 segregation unit placed on Awaiting Action status, pending his disciplinary hearing.



Suffolk County Sheriff's Department Incident Report

To: Lt. (b)(6)(b)(7)(C)
From: Dep. (b)(6)(b)(7)(C)
Date: May 24, 2019
Subject: Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Ma'am

On Friday May 24, 2019 while assigned to SERT 3 I, Deputy (b)(6)(b)(7)(C), have the following to report:

At approximately 4:00pm I did report to the 6-2-1 unit, as ordered by Lt. (b)(6)(b)(7)(C) to remove ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) from the restraint chair. We were briefed by Lt. (b)(6)(b)(7)(C) that Detainee (b)(6)(b)(7)(C) was disruptive on the 6:45am-3:15pm shift which eventually resulted in being secured in the restraint chair. Detainee (b)(6)(b)(7)(C) then assured Lt. (b)(6)(b)(7)(C) that he would comply with the rules and regulations of the institution which precluded her order to take him out of the chair. Deputy (b)(6)(b)(7)(C) and I then methodically removed Detainee (b)(6)(b)(7)(C) from the chair and escorted him to the rear right corner of cell #9. Restraints were then removed and a systematic strip search was conducted without further incident. Following the search Detainee (b)(6)(b)(7)(C) was secured back into handcuffs (in the front) and a medical evaluation was conducted by Nurse (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) was cleared to remain in the unit, the handcuffs were removed, and all personnel tactically exited the cell without incident.

Respectfully Submitted,

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department Incident Report

To: Lieutenant (b)(6)(b)(7)(C)
From: Deputy (b)(6) (b)(7)
Date: May 24, 2019
Re: ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

On Friday, May 24, 2019 while assigned to SERT 3, I, Deputy (b)(6)(b)(7)(C) have the following to report:

At approximately 3:55 PM, I did report to the 6-02-1 unit per order of SERT Supervisor Lt. (b)(6)(b)(7)(C). Upon entering the unit, I was informed that detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was currently secured inside the restraint chair inside cell #09. At approximately 4:00 PM, Lt. (b)(6)(b)(7)(C) did question detainee (b)(6)(b)(7)(C) who agreed to comply with the institutional rules and regulations as well as the restraint chair removal process. At this time, I did enter cell #09 and wheeled the restraint chair into the 6-02-1 hallway. Once in the hallway, Deputy (b)(6)(b)(7)(C) and I systematically removed detainee (b)(6)(b)(7)(C) from the restraint chair. Once successfully unsecured, I did maintain control of detainee (b)(6)(b)(7)(C) left arm and with the assistance of my partner, escorted him to his feet. At this time, we did escort detainee (b)(6)(b)(7)(C) back into cell #09, where I co-operatively removed his leg-irons and hand restraints. Once out of restraints, a strip search was conducted, detainee (b)(6)(b)(7)(C) was seated on the cell bunk and hand restraints were placed back on detainee (b)(6)(b)(7)(C) in order for a medical evaluation to be conducted. At this time, a medical evaluation was conducted by LPN (b)(6)(b)(7)(C) at approximately 4:14 PM he was medically cleared and all staff exited the cell without incident.

Respectfully Submitted
(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	3	BOS	Bristol HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 6/7/2019

3. Date of Disciplinary Proceeding (If Applicable):

N/A

4. Length of Disciplinary Sanction (If Applicable):

N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee was released from Bridgewater State Hospital and brought to the Bristol HOC. Detainee is currently housed in the Medical unit at the Bristol HOC; 15 minute watch. There are no reports available.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Describe the detainee's immigration history and prior criminal history, if applicable:

Pending EOIR date.

12. Reviewing Supervisory Officer

(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C) AFOD

13. Date: 6/14/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	High	BOS	Strafford County HOC

- | | |
|---|---|
| 1. Type of Notification:
<input checked="" type="checkbox"/> 14-Day*
<input type="checkbox"/> 30-Day
<input type="checkbox"/> Other 30-Day Interval:
_____ | 2. Initial Date of Placement: ___05/16/2019___

3. Date of Disciplinary Proceeding (If Applicable):
___5/24/2019___

4. Length of Disciplinary Sanction (If Applicable):
___15 Days___ |
|---|---|

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was caught fighting with two other detainees.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Detainee has since been moved out of segregation on 5/31/2019 to a general population unit.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

The subject was caught fighting with two other detainees. He claims it was 1 on 1.

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

14. Date: 6/19/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	Med/High	BOS	Strafford County HOC

- 1. Type of Notification:**
- 14-Day*
- 30-Day
- Other 30-Day Interval:

- 2. Initial Date of Placement:** ___05/17/2019_____
- 3. Date of Disciplinary Proceeding (If Applicable):**
___5/24/2019 cont. 5/31/2019_____
- 4. Length of Disciplinary Sanction (If Applicable):**
___15 Days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> Disciplinary</p> <p><input type="checkbox"/> Pending Investigation of Disciplinary Violation</p> <p><input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior</p> <p><input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction</p> <p><input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)</p> <p><input type="checkbox"/> Facility Security Threat: Other</p> <p><input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)</p> <p><input type="checkbox"/> Protective Custody: Gang Status</p> <p><input type="checkbox"/> Protective Custody: Victim of Sexual Assault</p> | <p><input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)</p> <p><input type="checkbox"/> Protective Custody: Other Special Vulnerability</p> <p><input type="checkbox"/> Protective Custody: Other</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Medical: TB or Other Infectious Diseases</p> <p><input type="checkbox"/> Medical: Disabled or Infirm</p> <p><input type="checkbox"/> Medical: Detox/Withdrawal Observation</p> <p><input type="checkbox"/> Medical: Other</p> <p><input type="checkbox"/> Hunger Strike</p> <p><input type="checkbox"/> Suicide Risk Placement</p> <p><input type="checkbox"/> Other</p> |
|--|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was caught fighting with two other detainees.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Detainee has since been moved out of segregation on 6/1/2019 to a general population unit.

12. Describe the detainee's immigration history and prior criminal history, if applicable:

The subject was caught fighting with two other detainees. He claims he did not take part. Video recordings confirm he was involved.

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

14. Date: 6/10/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	High	BOS	Stafford County HOC

- 1. Type of Notification:**
- 14-Day*
 - 30-Day
 - Other 30-Day Interval:

- 2. Initial Date of Placement:** ___05/17/2019_____
- 3. Date of Disciplinary Proceeding (If Applicable):**
___5/24/2019_____
- 4. Length of Disciplinary Sanction (If Applicable):**
___15 Days_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was caught fighting with two other detainees.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. **Additional Comment:** Detainee has since been moved out of segregation on 6/1/2019 to a general population unit.

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**

The subject was caught fighting with two other detainees. He claims he was trying to break up the fight.

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)



14. Date: 6/10/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
[REDACTED]	(b)(6)(b)(7)(C)	M	High	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: ___06/06/2019_____

3. Date of Disciplinary Proceeding (If Applicable):

_____ N/A _____

4. Length of Disciplinary Sanction (If Applicable):

_____ N/A _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input checked="" type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was placed in a Strafford Medical cell where he could be observed and monitored every 15 minutes. He was placed in the medical unit after declaring a hunger strike. Detainee [REDACTED] was upset that his final feast was denied after observing Ramadan for the month of May. He was also angered by the fact that he has been given the same meal day after day consisting of a Halal vegetarian stew. Detainee [REDACTED] requested rice and fish that every other detainee receives on a weekly basis. He was denied any change in his religious diet by the jail at the time. He filed a complaint and it has since been resolved. Detainee [REDACTED] missed 5 meals before eating again. He was cleared by medical the following day and returned to a general population unit on 6/7/2019.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist; (b)(6)(b)(7)(C) has a history of schizophrenia and is currently receiving treatment by IHSC staff.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Detainee (b)(6)(b)(7)(C) was cleared and removed from medical on 6/7/2019 when he ended his hunger strike. He is currently back in a general population unit.

12. Describe the detainee's immigration history and prior criminal history, if applicable: Detainee, (b)(6)(b)(7)(C), has been a final order since 7/18/2012. He has criminal history consisting of burglary, assault, theft, drug possession, and molestation of minor.

13. Reviewing Supervisory Officer: _____

(b)(6)(b)(7)(C)

14. Date: 6/10/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	3	BOS	Plymouth

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: _____ 06/13/2019 _____

3. Date of Disciplinary Proceeding (If Applicable):

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input checked="" type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Mental health watch

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: mental health

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:
Subject was found with a weapon/contraband in his cell.

13. Reviewing Supervisory Officer:

14. Date: 6/14/2019

AFOD (b)(6)(b)(7)(C)

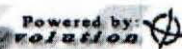
Inmate: (b)(6)(b)(7)(C)

Screen: Incidents

Date/Time: 06/13/2019 11:03

Author: (b)(6)(b)(7)(C)

On June 13 2019 at 1005 hours, I was conducting a round of unit GNE. I walked up on cell 217 which housed ICE Detainee (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) had been placed in unit G the night before. Detainee (b)(6)(b)(7)(C) speaks little to no English. He stopped me and then showed me scars he had on his wrist and arm. I asked him if he would hurt himself but he didn't understand English. I made a motion that would indicate someone hanging themselves, and he nodded his head yes. He then made a circular motion next to his head and said he was loco and crazy. I then handcuffed Detainee (b)(6)(b)(7)(C) and brought him to GFloor. Through the language line he then had a conversation with mental health clinician (b)(6)(b)(7)(C). It was determined that Detainee (b)(6)(b)(7)(C) would be taken to booking and moments later brought to booking and placed on a mental health watch.



Inmate: (b)(6)(b)(7)(C)

Screen: Incidents

Date/Time: 06/13/2019 10:58

Author: (b)(6)(b)(7)(C)

Sir,

On Thursday, June 13, 2019 I, (b)(6)(b)(7)(C) was the Lieutenant assigned to Unit G for the 1500-2300hrs shift. At approximately 1005hrs G-Floor Officer (b)(6)(b)(7)(C) alerted me that ICE Detainee (b)(6)(b)(7)(C) needed to be placed on a mental health watch do to actions and statements made.

Officer (b)(6)(b)(7)(C) stated that while conducting security rounds in GNE he came upon the cell that housed (b)(6)(b)(7)(C) who was standing at the cell door. Officer (b)(6)(b)(7)(C) noticed that there was a language barrier and was attempting to find out what was wrong. (b)(6)(b)(7)(C) showed his wrists to Officer (b)(6)(b)(7)(C) and there were previous signs of self-injury. (b)(6)(b)(7)(C) then motioned to Officer (b)(6)(b)(7)(C) that he was going to hang himself and Officer (b)(6)(b)(7)(C) asked if he was going to hurt himself and he state that he was "loco." At this time Officer (b)(6)(b)(7)(C) opened the feed in slot and applied handcuffs to a compliant (b)(6)(b)(7)(C) He was then removed from his cell and brought to G-Floor.

Once Officer (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were on G-Floor I was alerted to what had transpired. I then asked Mental Health Clinician (b)(6)(b)(7)(C) if she could speak with (b)(6)(b)(7)(C) and she was happy to assist. Ms. (b)(6)(b)(7)(C) used the language line and through a translator deemed that (b)(6)(b)(7)(C) needed to be placed on a mental health watch due to the fact that he wanted to hang himself. She authorized (b)(6)(b)(7)(C) to have a blanket and a mattress while on said watch.

Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) escorted a compliant (b)(6)(b)(7)(C) to the booking department. When we arrived (b)(6)(b)(7)(C) was brought to R113 that had been search prior with negative findings. Officer (b)(6)(b)(7)(C) removed all restraints and then conducted a strip search that yielded negative findings. I then attempted to explain that he would be on a watch until a clinician cleared him, he then gave me the thumbs up sign and all officers and I exited the cell. I then secured R113 without issue.

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	F	Med/High	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: ___06/11/2019_____

3. Date of Disciplinary Proceeding (If Applicable):
___N/A_____

4. Length of Disciplinary Sanction (If Applicable):
___N/A_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was placed in a Strafford Medical unit after it was determined that she needed to be seen by mental health. Detainee (b)(6)(b)(7)(C) was previously a self PC(Protective Custody) and was taking up bed space that was needed for other ICE detainees/inmates. She had been in a single cell protective custody status since 5/5/2019. When questioned about her being in protective custody and if she feared being in a general population unit, she stated that we would not understand because she has super powers. Detainee (b)(6)(b)(7)(C) said that she had "Star Seed Super Powers." She refused to elaborate on this nor give us any reason why should remain in protective custody. Strafford County then decided that she should be evaluated by mental health. Detainee (b)(6)(b)(7)(C) was placed in the Strafford Medical unit at that time.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

- 7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

- 8. Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue: Per the Strafford Medical Department,

Mental Health notes:

S. Inmate was seen on 4/11/19 for a mental Health assessment. At that time she refused al mental health treatment. Nursing referred her to mental Health again on 5/28/19, but because she has continuously refused it was taken off the MH List. Yesterday when the ICE officer was here during seg rounds she again refused medical, dental and mental health. When the ICE Officer and classifications went into her cell she began yelling and stating "because I'm star gazer you are trying to punish me. I am not going to take medication! I hate my family" They tried to explain to her that they are only trying to classify her and move her out of max. PT is having none of it.

Note from 4/11/19 Shortened

S. Inmate is a 42 year old single black female from South Africa. She is being detained by ICE. Inmate was seen at the request of her family through the NH senator's office. She states "she is at peace with her current situation and is willing to be deported back to So. Africa after being in the US for 26 years. She became involved in the Catholic religion. Her family is unaccepting of her religious belief and the powers instilled in her by GOD. She has had one IEA at Elliott Hospital on 9/11/2018 when she became a threat to herself and others. She was held for 13 days and discharged with a recommendation to be seen at Cyprus center in Manchester, NH. She was also given a prescription of Risperidone. She however denies any mental health issue or taken any medications. She denied feeling suicidal or homicidal at the time of the assessment. There is not report of self-abuse.

O. Inmate was well groomed. She made good eye contact. Her speech was of normal tone, rate and volume. Her thought process was sequential and goal oriented. She had no psychotic sx, thoughts of suicide, self-harm, homicide or harm towards others. Her insight and judgment are average.

A. Inmate does not present with or articulate to any symptoms that would suggest a mental health issue. Her intention is to return to So. Africa and is not concerned that she has no family there.

P. Inmate refused any MH treatment. Inmate has been moved to Medical Will refer to consulting psychiatrist.

- 9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

ICE Review of Segregation Cases

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Detainee (b)(6)(b)(7)(C) is still currently in Strafford Medical waiting to be seen by a psychiatrist.

12. Describe the detainee's immigration history and prior criminal history, if applicable: Detainee, (b)(6)(b)(7)(C) (b)(6)(b)(7)(C), has been a final order since 5/9/2019. She has criminal history consisting of simple assault, intimidation and violation of a court order.

13. Reviewing Supervisory Officer

(b)(6)(b)(7)(C)

14. Date: 6/18/19



Incident ID: (b)(7)(E)

Informational Report

Report Date 06/27/2019 Incident Date 06/27/2019 Incident Time 00:00 Incident Location C3 Officer
Report Subject: Mental Health Reporting Officer: (b)(6)(b)(7)(C)

Inmates Involved: Name (b)(6)(b)(7)(C) Housing Location BOOK / 113 / 1 Booking Number (b)(6)(b)(7)(C)

Dear Sir/Ma'am

On Thursday June 27th at approximately 00:00 hrs an incident occurred in unit C-3 involving ICE detainee (b)(6)(b)(7)(C) which prompted the generation of this report.

ICE detainee (b)(6)(b)(7)(C) contacted myself via the intercom and informed me that he was having thoughts of hurting himself. I told the unit workers to step into their cell and walk over to Cell 310 which housed detainee (b)(6)(b)(7)(C) to gather more information. While speaking with the detainee he told me " I can't stay in this cell. I'm going to hurt myself, I'm going to hang myself". I asked the inmate to step out of the cell and have a seat in the day room chairs in order to have him under close supervision and secured his cell door. I contacted LT (b)(6)(b)(7)(C) via telephone and informed him of the situation. Moments later LT (b)(6)(b)(7)(C) and CERT officer (b)(6)(b)(7)(C) entered the unit and detainee (b)(6)(b)(7)(C) was escorted to booking and placed on mental health watch.

Respectfully submitted

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Officer Name

Officer Signature

Date

(b)(6)(b)(7)(C)

FSC Name

FSC Signature

Date

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	3	BOS	Plymouth

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 06/27/2019

3. Date of Disciplinary Proceeding (If Applicable):

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) |
| <input type="checkbox"/> Pending Investigation of Disciplinary Violation | <input type="checkbox"/> Protective Custody: Other Special Vulnerability |
| <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior | <input type="checkbox"/> Protective Custody: Other |
| <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) | <input type="checkbox"/> Medical: TB or Other Infectious Diseases |
| <input type="checkbox"/> Facility Security Threat: Other | <input type="checkbox"/> Medical: Disabled or Infirm |
| <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) | <input type="checkbox"/> Medical: Detox/Withdrawal Observation |
| <input type="checkbox"/> Protective Custody: Gang Status | <input type="checkbox"/> Medical: Other |
| <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Hunger Strike |
| | <input type="checkbox"/> Suicide Risk Placement |
| | <input type="checkbox"/> Other |

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Fight with another inmate

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Subject is in admin seg awaiting bed space in disciplinary seg

12. Describe the detainee's immigration history and prior criminal history, if applicable:

13. Review
_a AFOD

(b)(6)(b)(7)(C)

14. Date: 7/11/2019

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	3	BOS	Plymouth

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: _____ 06/27/2019 _____

3. Date of Disciplinary Proceeding (If Applicable):

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Fight with another inmate

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Subject is in admin seg awaiting bed space in disciplinary seg

12. Describe the detainee's immigration history and prior criminal history, if applicable:

(b)(6)(b)(7)(C)

13. Reviewing Supervi
_a AFOD (b)(6)(b)(7)(C)

14. Date: 7/11/2019

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	3	BOS	Plymouth

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: _____ 07/14/2019 _____

3. Date of Disciplinary Proceeding (If Applicable):

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

(b)(6)(b)(7)(C) was placed on a mental health watch yesterday, 7/14/19.

Suicide Watch 1:1

Name: (b)(6)(b)(7)(C)

A#: (b)(6)(b)(7)(C)

DOB: (b)(6)(b)(7)(C)

COB: (b)(6)(b)(7)(C)

DOA: 6/20/2019

Relevant Medical History: 4 mental health watches since his arrival on 6/20/2019.

Diagnosis: delusional disorder, anxiety disorder

Current Status: placed on a mental health due to delusional thinking and odd behavior.

Plan of care: ongoing mental health watch assessments.

ICE Review of Segregation Cases

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: (b)(6)(b)(7)(C) was placed on a mental health watch yesterday, 7/14/19.

Suicide Watch 1:1

Name: (b)(6)(b)(7)(C)

A#: (b)(6)(b)(7)(C)

DOB: (b)(6)(b)(7)(C)

COB: (b)(6)(b)(7)(C)

DOA: 6/20/2019

Relevant Medical History: 4 mental health watches since his arrival on 6/20/2019.

Diagnosis: delusional disorder, anxiety disorder

Current Status: placed on a mental health due to delusional thinking and odd behavior.

Plan of care: ongoing mental health watch assessments.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the

ICE Review of Segregation Cases

requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:
Subject was found with a weapon/contraband in his cell.

13. Reviewing Supervisor (b)(6)(b)(7)(C)
_a AFOD (b)(6)(b)(7)(C)

14. Date: _7/15/2019_

Inmate: (b)(6)(b)(7)(C)

Screen: Incidents

Date/Time: 07/14/2019 11:36

Author: (b)(6)(b)(7)(C)

On this date the 14th of July 2019 at approximately 0730 hours on the 0700 - 1500 shift an incident occurred that prompted the writing of this report.

While conducting morning medication administration in the C3 Unit, I.C.E. Detainee # (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) approached the officers panel to my left with a bag of his belongings. He stated to the officers that he had "gone through his things" and felt that he was "good with the things that he had kept" and that he wanted to "donate" the numerous items in the bag to "those that might need them". When the officers questioned Detainee (b)(6)(b)(7)(C) further he continued to refer to the fact that he "had enough stuff" and then transferred the bag to officer (b)(6)(b)(7)(C) and proceeded to the rec deck.

After completing medication administration I requested that Officer (b)(6)(b)(7)(C) retrieve Detainee (b)(6)(b)(7)(C) from the rec deck so that I could speak to and question him further due to the large quantity of belongings in the bag and the unusual nature of the conversation. Detainee (b)(6)(b)(7)(C) came to the medical cart where I began asking him questions relative to his "donating" the numerous items in his green bag (clothing, towels, a blanket). Detainee (b)(6)(b)(7)(C) began stating that e felt that he did not need the items as what he had was adequate. When I asked Detainee (b)(6)(b)(7)(C) what he had kept with regards to his personal property he stated that he had kept two (2) uniforms and a blanket. When I began explaining to the detainee the reason and rationale for why he was issued the items, he began stating that "The closet that I built in my room is fine, and I have adequate room in there for the stuff I just felt that I could donate it." I asked the detainee to explain to me where the closet was located and he again stated that "the closet he had built" was located in his room right next to the "cabinet that he built to store his belongings". The detainee went on the further explain that he is a crafts man and does not need the assistance of maintenance as he is able to "weld the sink in his cell to stop the leaking", and that he was able to "use the left over dry wall that he saved to complete the job". The detainee also stated that he received a daily visit from his mother "in the unit where they have conversations and meetings and speak about church, God and religion", he also states that he is "able to see his motor vehicle from his cell" a "four door Nissan Altima" that is parked outside. Detainee further goes on to explain that he has a "dental practice in his cell" where he performs various type of dental procedure's on a daily basis.

Based on this behavior, I deemed it was necessary for Detainee (b)(6)(b)(7)(C) to be placed on a Q5 Mental health Watch until such time as he could be evaluated and assessed by a mental health professional for both his safety and the safety of others. Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) both witnessed my assessment of Detainee (b)(7)(E) and Lt. (b)(6)(b)(7)(C) was notified that the Detainee (b)(6)(b)(7)(C) would be leaving unit C3 for a Mental health Watch.



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 06/28/2019 Incident Date 06/28/2019 Incident Time 10:45
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GSW / 107 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Aggressor

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 18B - Fight/assault/threaten staff, 02 - Violating any rule or regulation, 01D - Refusing a housing assignment, 18A - Fight/assault/threaten an inmate.

Otr Inmates Involved: (b)(6)(b)(7)(C) C3 / 310 / 1 Witness (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Mi conduct

Statement of Offense:

Sir,
On Friday, June 28, 2019 and incident occurred in C3 requiring the immediate removal of ICE detainee (b)(6)(b)(7)(C)

At approximately 1040 detainee (b)(6)(b)(7)(C) returned to the unit from booking. He was told to go to C310 where he had been housed prior to going to booking. At 1045 he returned to the panel and said "I cant go there he says he aint havin it" I told (b)(6)(b)(7)(C) to sit in the unit chairs, I went To cell 310 to discuss with detainee (b)(6)(b)(7)(C) his available options based on this behavior. Inmate (b)(6)(b)(7)(C) told me "i aint havin that guy, he's fuckin crazy no way I'll fuck him up" I explained to detainee (b)(6)(b)(7)(C) that it's not his decision and ultimately his refusal would likely result in going to unit G. We were in the dayroom outside cell C310. He said "fuck you I'll fuck you up" He looked at detainee (b)(6)(b)(7)(C) and said fuck this ill give ya a reason to move me. He then struck my left hand and ran towards Inmate (b)(6)(b)(7)(C) I ordered him not to touch me or anyone else. I called for cert for the removal of one. LT (b)(7)(E) arrived quickly while I secured inmate (b)(6)(b)(7)(C) in cell 310 for his safety. I ordered inmate (b)(6)(b)(7)(C) up against the wall, he did not comply. Cert officer (b)(7)(E) applied handcuffs and removed inmate (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor:
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
06/28/2019	06/28/2019	10:45
Booking Number: (b)(6)(b)(7)(C)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GSW / 107 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature _____

Date: _____



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 06/28/2019 Incident Date 06/28/2019 Incident Time 10:45
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: G Office Officer
Involvement: Participant

Housing Location: GSW / 107 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include: 08 - Conduct which disrupts, 01A - Disobey an Order, 02 - Violating any rule or regulation, 01D - Refusing a housing assignment.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Refuse Housing

Statement of Offense:

On Friday June 28, 2019 I was assigned as the lieutenant for Unit G on the 0700-1500hr shift. At 1045hrs inmate (b)(6)(b)(7)(C) (INS Detainee) was brought down to Unit G.

(b)(6)(b)(7)(C) was assigned a cell in Unit GNE with another ICE detainee. Upon learning this (b)(6)(b)(7)(C) stated that he was not going to have a cell mate. I then explained to him that he did not dictate whether or not he was going to have a cellmate. I advised him that there were not a lot of single cells available. I advised him that he would receive an additional disciplinary report and be placed isolation on awaiting action status if he refused his housing assignment.

(b)(6)(b)(7)(C) stated that he was refusing his housing assignment in Unit G. (b)(6)(b)(7)(C) was then escorted without incident in Unit GSW cell 107 on awaiting action status.

(See Informational Report)

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
06/28/2019	06/28/2019	10:45
Booking Number: (b)(6)(b)(7)(C)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: G Office Officer
Involvement: Participant

Housing Location: GSW / 107 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature _____

Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	1	BOS	Plymouth County CF

1. Type of Notification:

- Special Vulnerability
 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 06/28/2019

3. Date of Disciplinary Proceeding (If Applicable):
07/09/2019

4. Length of Disciplinary Sanction (If Applicable):

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <input type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input checked="" type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee (b)(6)(b)(7)(C) was placed in segregation for inmate misconduct and refusing housing. He is currently still refusing housing. ICE is currently attempting to transfer alien to another facility.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

There is no indication that the detainee has been diagnosed with a mental illness, serious medical illness, or serious physical disability prior to the incident on June 28, 2019.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

On December 7, 2013 subject was admitted to the United States at Port Canaveral, FL as a B2 visitor. On February 20, 2018 subject submitted an I-589 application for asylum. On June 6, 2018 USCIS denied the I-589 and subject was issued an I-862 Notice to Appear. On March 30, 2018 subject was encountered at the Essex County Correctional Facility in Salem, MA after being arrested for Indecent Assault and Battery. A form I-247 Immigration Detainer was lodged. On August 8, 2018 subject was ordered removed in absentia. On May 16, 2019 subject filed a Motion to re-open and on June 3, 2019 the MTR was granted. Subject is currently in immigration proceedings and his next court date is October 24, 2019.

(b)(6)(b)(7)(C):

14. Date: 7/31/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	3	BOS	Suffolk County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: _____ 8/11/2019 _____

3. Date of Disciplinary Proceeding (If Applicable):

_____ n/a _____

4. Length of Disciplinary Sanction (If Applicable):

_____ N/A _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input checked="" type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per (b)(6) (b), Florence Detention Center ICE Health Service Corps (IHSC) psychologist.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Subject has been placed in the Secure Housing Unit because he was a former member of the (b)(7)(E) and is afraid to be in his Unit because of the other (b)(7)(E) members.

11. Additional Comment

ICE Boston is having difficulty moving subject to another facility because of various reasons... (b)(7)(E) (b)(7)(E).

12. Describe the detainee's immigration history and prior criminal history, if applicable:

13. Reviewing Supervisor

14. A.AFOD_ (b)(6)(b)(7)(C)

15. Date: 8/26/2019 _____

(b)(6)(b)(7)(C)

To: Capt. (b)(6)(b)(7)(C)

From: Lt. (b)(6)(b)(7)(C)

Date: 8/6/19

Re: SHU REQUEST

Sir,

At approximately 4:45 P.M. (8/6/19) ICE D/T (b)(6)(b)(7)(C) requested SHU placement during the medical intake, stating that he had enemies in unit 8-2 due to his past affiliation with (b)(7)(E). He was subsequently moved to unit 1-3-2 at the conclusion of the medical intake.

Suffolk County Sheriff's Department Administrative Segregation Classification Form

Date/Time: 8/8/19 Date Placed in Seg: 8/6/19 DI out date: N/A EOS: ICE

Name: (b)(6)(b)(7)(C) Booking #: (b)(6)(b)(7)(C) Unit: 1-3-2

Reason(s) For Placement In Segregation

Disciplinary Violation Spec. Housing Needs Investigation Other (specify): _____

_____ # Formal discipline within current commitment

_____ # Involved violence (assaults, threats, etc . . .)

_____ # Fights in segregation Date of last fight in segregation: _____

Administrative Board Decision

Classified to: ASU Return to Population: _____ Date _____ 60 Day Board Scheduled: _____ Date _____

Status: (Check all that apply) Sentenced ICE ASU AA
 Pre-Trial SHU DI Invest

Restraint: M/C Date placed on M/C: _____ F/R N/R RA HA

Comments: Housing - ASU NR
Pending Transfer

Caseworker: (b)(6)(b)(7)(C) Date: 8/8/19
Security: _____ Date: 8/8/19
ADS/Class: _____ Date: 8/8/19

I have received the Administrative Decision and understand I have the right to appeal within five (5) working days on a Classification Appeal Form submitted to my Caseworker.

Inmate/Detainee Signature: (b)(6)(b)(7)(C) Date: 8/8/19
White - Inmates Folder • Yellow - Inmate/Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
A088 444 687	(b)(6)(b)(7)(C)	M	3	BOS	Bristol HOC

1. **Type of Notification:**
 14-Day*
 30-Day
 Other 30-Day Interval:
2. **Initial Date of Placement:** 8/12/2019
3. **Date of Disciplinary Proceeding (If Applicable):**
8/15/2019
4. **Length of Disciplinary Sanction (If Applicable):**
10/2/2019

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

*On 8/12/2019 detainee was disruptive in the 2E housing unit and made threatening gestures; he received 20 days in SEG; 8/12/2019 - 9/1/2019
 Detainee also made a false claim to a PREA incident and was charged with lying to staff; threatening language; and interfering with staff; he received 30 days in SEG; 9/2/2019 - 10/2/2019.*

6. **Did the detainee request segregation?**
 YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

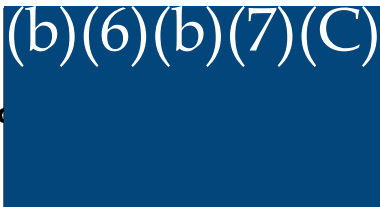
YES NO

Explain why or why not:

11. Additional Comment

Describe the detainee's immigration history and prior criminal history, if applicable:

Pending EOIR date.



12. Reviewing Supervisory Officer

13. Date: 10/1/18

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
A088 444 687	(b)(6)(b)(7)(C)	M	3	BOS	Bristol HOC

1. Type of Notification:

- 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 8/12/2019

3. Date of Disciplinary Proceeding (If Applicable):

8/15/2019

4. Length of Disciplinary Sanction (If Applicable):

10/2/2019

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On 8/12/2019 detainee was disruptive in the 2E housing unit and made threatening gestures; he received 20 days in SEG; 8/12/2019 - 9/1/2019

Detainee also made a false claim to a PREA incident and was charged with lying to staff; threatening language; and interfering with staff; he received 30 days in SEG; 9/2/2019 - 10/2/2019.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Describe the detainee's immigration history and prior criminal history, if applicable:

Next EOIR 9/17/2019..

(b)(6)(b)(7)(C)

12. Reviewing Supervisory O

13. Date: 10/1/19

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 08/12/2019

Date and Time of Incident: 08/12/2019 2216 Hours

Location of Incident: HSU, DHOC

Description: Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) HSU → EE Unit

On the above date and time, I Officer (b)(6)(b)(7)(C) was assigned to the post of Courtyard Officer within the DHOC. At this time I was contacted by HSU and informed that Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) would need to be transferred to EE Unit.

I reported to HSU and was informed that Detainee (b)(6)(b)(7)(C) had been cleared to be housed in EE by medical staff. I then approached Cell R04 where Detainee (b)(6)(b)(7)(C) was housed and secured him into hand restraints. Restraints were secured on the wrists behind the back, firm to the skin but not to impede circulation.

Detainee (b)(6)(b)(7)(C) was removed from HSU and hands on escorted to the SMU area. Once in SMU, he was secured into the EE Unit strip cage. Detainee (b)(6)(b)(7)(C) was then thoroughly strip searched for contraband.

Once cleared of all contraband, Detainee (b)(6)(b)(7)(C) was removed from the strip cage. He was then hands on escorted to EE Unit, Cell G06. The cell door was secured and hand restraints were removed via the food slot in the door.

Detainee (b)(6)(b)(7)(C) is to remain housed in this cell. No other major issues to report at this time. E.O.R.

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

D-REPORT NO. 08-115-14 D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)			1. REPORT DATE 8/12/19 (MM/DD/YY)	
2. INMATE NAME (b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: 2 EAST 252		
5. DIVISION/FACILITY: DHOC		6. LOCATION OF INCIDENT: 2E DAYROOM	7. DATE OF INCIDENT: 8/12/19		8. TIME OF INCIDENT: 1523	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)						
<p>ON THE ABOVE DATE AND TIME THIS DETAINEE BEGAN TO MAKE THREATS TOWARDS THIS OFFICER. THIS OFFICER GAVE DETAINEE (b)(6)(b)(7)(C) A VERBAL WARNING FOR BEING OUT OF PLACE IN CELL 242. D/T (b)(6)(b)(7)(C) THEN BEGAN TO ESCALATE THE SITUATION AFTER BEING EXPLAINED THE D-REPORT PROCESS. MAKING THE SAID STATEMENTS "IF I GO INTO ANOTHER CELL WHAT YOU GONNA DO?" THEN STATED "WHOS GONNA COME LOCK ME UP?"</p> <p>D/T (b)(6)(b)(7)(C) ALSO STATED "I'M A FEDERAL DETAINEE I DONT HAVE TO FOLLOW THESE RULES. AFTER BEING ASKED TO LEAVE THE DESK D/T (b)(6)(b)(7)(C) STATED: "LOOK ME UP, YOU DONT KNOW WHO I AM. I'M NOT THE ONE. ASK ABOUT ME. I'M GONNA GO PUT MY SHOES ON." [SEE INCIDENT REPORT]</p>						
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Describe: _____						
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Describe: _____						
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Describe: SUPERVISOR AND SECTOR C FOR REMOVAL TO HIGHER SECURITY						
13. Reporting Employee Signature (b)(6)(b)(7)(C)		Print Name (b)(6)(b)(7)(C)		Date: 8/12/19		
14. SUPERVISOR REVIEW: I have _____ am forwarding this report to the Watch Commander for further review and action.						
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		Date: 8-12-19		
15. Watch Commander/Designee Signature: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.						
a. (b)(6)(b)(7)(C) Action Status? Yes <input checked="" type="checkbox"/> Form attached (b)(6)(b)(7)(C) <input type="checkbox"/> Already on Status <input type="checkbox"/>						
Watch Commander/designee Signature		Print Name		Date: 8-12-19		
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:						
(b)(6)(b)(7)(C) 1.05		1.10		(b)(6)(b)(7)(C)		e. 08-15-19 Date
Officer Signature		Print Name		Date		
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:						
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.						
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.						
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the hearing. I must request an Inmate Request Form within 24 hours of the hearing.						
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		Date: 08-15-19		
Inmate Signature		Print Name		Date		
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.						
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		Date: 08-15-19		
Disciplinary Officer/Staff Signature		Print Name		Date		
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.						
Reviewing Authority/Designee Signature		Print Name		Date		



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: W/C

Date: 8/12/19

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-2 Disobeying an order...
- 1-7 Failing to maintain acceptable cleanliness ...
- 1-3 Being out of place.
- 1-4 Refusal to accept a work assignment, housing assignment or program.
- 1-5 Conduct which disrupts,...
- 1-6 Gambling ...
- 1-7 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-9 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault.
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication...
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours

by central Clerk (b)(6)(b)(7)(C)

Authorized: (b)(6)(b)(7)(C) Title: Captain

A copy of this _____ in the above named inmate.
Staff signature: (b)(6)(b)(7)(C) date: 8/12/19 time: 2100

D-REPORT NO. 08-230-15 D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 08/22/19 (MM/DD/YY)	
2. INMATE NAME: (b)(6)(b)(7)(C)		3. ID NUMBER: (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: DAR-EE-G06	
5. DIVISION/FACILITY: DARTMOUTH HOUSE OF CORRECTIONS		6. LOCATION OF INCIDENT: DAR-2E-252		7. DATE OF INCIDENT: 08/12/19	
				8. TIME OF INCIDENT: 1608	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
<p>On August 12, 2019 at 1608, Detainee (b)(6)(b)(7)(C) was removed from 2 East Unit due to him making threats towards staff after he was given a verbal warning about being out of place. Lieutenant (b)(6)(b)(7)(C) along with Officer (b)(6)(b)(7)(C) entered 2 East unit and escorted detainee (b)(6)(b)(7)(C) to medical where he was given a medical assessment. While being escorted to medical detainee (b)(6)(b)(7)(C) continued to make threats toward staff, stating "you aint gangsta nigga you aint shit I'll fuck you up". As detainee (b)(6)(b)(7)(C) entered medical he stated "I'm street nigga, you want to see street nigga watch this hey nurse PREA" then stated to the nurse he was held by one staff member while another staff member penetrated his anus with his finger, inside of his pants. Through an investigation it was determined the allegations alleged by detainee Thomas were unfounded and was in retaliation for being removed from the unit.</p>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: St. Luke's Hospital (Refused medical evaluation)					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)		Print Name: Sergeant J. Allard		Date: 08/22/2019	
14. (b)(6)(b)(7)(C) action(s) imposed, had action. (Formal D-Report)		(b)(6)(b)(7)(C) forwarding this report to the Zone Supervisors		Date: 8/23/19	
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
(b)(6)(b)(7)(C) Yes <input type="checkbox"/> Form <input checked="" type="checkbox"/>		(b)(6)(b)(7)(C) Already on Status <input checked="" type="checkbox"/>		Date: 08/22/2019	
Watch Commander/designee Signature: _____		Print Name: _____		Date: _____	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
(b)(6)(b)(7)(C) 1-01		c. (b)(6)(b)(7)(C)		e. 8-27-19	
Disciplinary Officer Signature: _____		Print Name: _____		Date: _____	
17. INMATE RECEIPT OF DISCIPLINARY REPORT AND WITNESS FORM:					
I acknowledge receipt of this Formal Discipline Report that has been written against me as well as a Request for Witness Form.					
I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
However, I understand that I may waive my right to 24-hour notice of hearing in writing.					
Inmate Signature: _____		Print Name: _____		Date: _____	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report and a Request for Witness Form.					
(b)(6)(b)(7)(C) receipt of Disciplinary Report		(b)(6)(b)(7)(C) provided with a copy of this form and a Request for		Date: 8-27-19	

Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for

(b)(6)(b)(7)(C)

Booked: 07/29/2019

Incident ID: (b)(7)(E)
 Name: (b)(6)(b)(7)(C) Booking Number: (b)(6)(b)(7)(C)
 Report Date: 08/14/2019 Incident Date: 08/14/2019 Incident Time: 09:30
 Location: HOC- 8 00 2 Event Type: DISCIPLINARY
 Report Subject: FORMAL Reporting Officer: (b)(6)(b)(7)(C)
 Persons Involved: (b)(6)(b)(7)(C) Disposition: Moved to Segregation on Awaiting Action Status

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
3E/ Possession of Weapon	Formal		
7B/ Lying to staff	Formal		
8B/ Theft/Stealing	Formal		
8B/ Theft/Stealing	Formal		

Initial Report:

On Wednesday 14 August 2019 while assigned to Unit 8-2 I Deputy (b)(6)(b)(7)(C) have the following to report. At approximately 9:30am while collecting the razors, Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) passed me his razor, while inspecting it I discovered the razor had small piece of foil in place of the blade. It was determined that the blade had been removed and replaced by foil from a cookie wrapper. When I asked D/T (b)(6)(b)(7)(C) where the blade was he stated it fell in the trash. I asked him what trash barrel he said "bathroom number two". I ordered him to search through the trash and produce the blade to me, at which time he could not provide me with the blade. A subsequent search of his personal property was conducted in Cell 3 and no blade was found.

Reporting Staff: (b)(6)(b)(7)(C) SIGNATURE (b)(6)(b)(7)(C) POSITION: CO-1
 Reporting Staff: (b)(6)(b)(7)(C) PRINT (FIRST) (b)(6)(b)(7)(C) PRINT (LAST)

<input type="checkbox"/> INMATE REFUSED INFORMAL SANCTION		<input checked="" type="checkbox"/> FORMAL HEARING REQUESTED		<input type="checkbox"/> REFER TO S.I.D.	
<input type="checkbox"/> Oral warning	<input type="checkbox"/> Written reprimand	(b)(6)(b)(7)(C) (circle one) P. 17. 19 Date 8.14.19 Date 8-15-19 Date			
<input type="checkbox"/> Restricted movement 24 48 72 (circle one)	<input type="checkbox"/> Loss of visits for 72 hrs				
<input type="checkbox"/> Susp. From detail 24 48 72 (circle one)	<input type="checkbox"/> Loss of canteen for 72 hrs				
<input type="checkbox"/> Loss of phone for 72 hrs	<input type="checkbox"/> Referred to Classification				
BEGIN: _____ AM PM ON _____ END: _____ AM PM ON _____	INMATE SIGNATURE _____ DATE _____				

Suffolk County Sheriffs Department
Incident Report

To: Captain (b)(6)(b)(7)(C)
From: Lieutenant (b)(6)(b)(7)(C)
Re: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

August 14, 2019

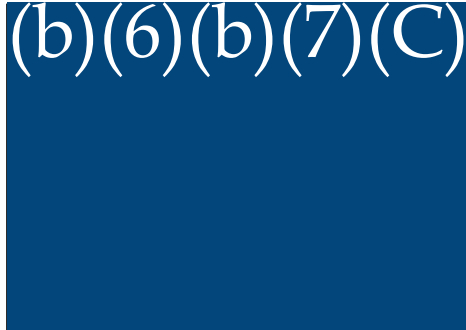
Sir,

While assigned as Building Eight Supervisor on August 14, 2019 I Lieutenant (b)(6)(b)(7)(C) have the following incident to report. At approximately 9:40 AM I was asked to report to 8-2 unit. Upon my arrival I was notified by Officer (b)(6)(b)(7)(C) that Detainee (b)(6)(b)(7)(C) had altered his razor by removing the blade and replacing it with a piece of tin foil from a cookie wrapper.

This discovery was made by officer (b)(6)(b)(7)(C) He asked the Detainee about the location of the blade, (b)(6)(b)(7)(C) told him that it fell in the trash. At this point (b)(6)(b)(7)(C) was placed in restraints. The trash was searched and no blade was found. He then refused to answer any further questions. His cell was secured and (b)(6)(b)(7)(C) was transported to segregation where a strip search was conducted. Probable cause obtained through (b)(6)(b)(7)(C) actions and statement (PC form submitted). Nothing of significance was discovered.

A targeted cell search of cell #3 unit 8-2 where (b)(6)(b)(7)(C) is housed was subsequently conducted by SERT 6 (b)(6)(b)(7)(C) They were unable to find the razor blade. If you have any questions feel free to contact me.

(b)(6)(b)(7)(C)



(b)(6)(b)(7)(C)

Suffolk County Jail Booking Sheet

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

SID	(b)(6)(b)(7)(C)	FBI/A#	(b)(6)(b)(7)(C)
SSN	N/A	License	/
Adm Type	ICE2	Bk Dt/Time	07/29/2019 17:19
DoB	(b)(6)(b)(7)(C)	Sex	MALE
Age	25	Race	HISPANIC
Height	6'00"	Weight	194
Hair	BLACK	Eyes	BROWN

Marks:

Religion:

Occupation:

Languages:

POB:

US Citizen:

Veteran:

Marital Status:

Dependents:

Commitments:

1

Education:

Father: (b)(6)(b)(7)(C)

Mother:

Maiden:

Aliases:

Alerts: none

Current Address: (b)(6)(b)(7)(C)
stamford, CT 06902

Phone:

Finger Printed:

Control#

DNA Test:

By:

Test#

Facility	Block Cell Bed	Lodged	Days	Status	Security	MaxRelease
HOC	8 00 2 03 F	07/29/2019 19:53	16	HOUSED		

Arresting Officer:	Arresting Agency:	Type:
Docket Number:	Court:	Status:
Charge	Sanction	Status
		Court Date
		Release Date
		Bail
		NO BAIL

Warrant Information:

No active warrants found for this inmate

Booking Officer: (b)(6)(b)(7)(C)

Suffolk County Sheriffs Department
Incident Report

To: Captain (b)(6)(b)(7)(C)
From: Lieutenant (b)(6)(b)(7)(C)
Re: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

August 14, 2019

Sir,

While assigned as Building Eight Supervisor on August 14, 2019 I Lieutenant (b)(6)(b)(7)(C) have the following incident to report. At approximately 9:40 AM I was asked to report to 8-2 unit. Upon my arrival I was notified by Officer (b)(6)(b)(7)(C) that Detainee (b)(6)(b)(7)(C) had altered his razor by removing the blade and replacing it with a piece of tin foil from a cookie wrapper.

This discovery was made by officer (b)(6)(b)(7)(C). He asked the Detainee about the location of the blade, (b)(6)(b)(7)(C) told him that it fell in the trash. At this point (b)(6)(b)(7)(C) was placed in restraints. The trash was searched and no blade was found. He then refused to answer any further questions. His cell was secured and (b)(6)(b)(7)(C) was transported to segregation where a strip search was conducted. Probable cause obtained through (b)(6)(b)(7)(C) actions and statement (PC form submitted). Nothing of significance was discovered.

A targeted cell search of cell #3 unit 8-2 where (b)(6)(b)(7)(C) is housed was subsequently conducted by SERT 6 (b)(6)(b)(7)(C). They were unable to find the razor blade. If you have any questions feel free to contact me.

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department
Administrative Segregation Classification Form

Date/Time: 8/20/19 Date Placed in Seg: 8/14/19 DI out date: 8/23/19 EOS: ICE

Name: (b)(6)(b)(7)(C) Booking #: (b)(6)(b)(7)(C) Unit: 1-4-2

Reason(s) For Placement In Segregation

Disciplinary Violation Spec. Housing Needs Investigation Other (specify): _____

1 # Formal discipline within current commitment

1 # Involved violence (assaults, threats, etc...)

0 # Fights in segregation Date of last fight in segregation: _____

Administrative Board Decision

Classified to: ASU Return to Population: 9/6/19 90 Day Board Scheduled: _____
Date Date

Status: (Check all that apply) Sentenced ICE ASU AA
 Pre-Trial SHU DI Invest

Restraint: M/C Date placed on M/C: _____ F/R N/R RA HA

Comments: Weapon - 2wks ASU

(b)(6)(b)(7)(C)
Caseworker: _____ Date: 8/20/19
Security: _____ Date: 8-30-19
ADS/Class: _____ Date: 8/20/19

I have received the Administrative Decision and understand I have the right to appeal within five (5) working days on a Classification Appeal Form submitted to my Caseworker.

Inmate/Detainee Signature: (b)(6)(b)(7)(C) Date: 8/20/19

White - Inmate's Folder • Yellow - Inmate/Detainee

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
[REDACTED]	(b)(6)(b)(7)(C)	m	3	BOS	Suffolk County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 9/11/2019

3. Date of Disciplinary Proceeding (If Applicable):
9/13/2019

4. Length of Disciplinary Sanction (If Applicable):
30

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per (b)(6) (b), Florence Detention Center ICE Health Service Corps (IHSC) psychologist

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

Subject removed the sprinkler head from his room to soak the room with water. The Fire Dept, Maintenance And C.O.'s responded.

12. R.Supervisory Officer: A.AFOD

(b)(6)(b)(7)(C)

13. Date:

9/26/19

Suffolk County Sheriff's Dept
 Inmate Disciplinary Report
 for

131
 5

(b)(6)(b)(7)(C)

Booked: 08/27/2019

Incident ID: (b)(7)(E)

Name: (b)(6)(b)(7)(C)

Report Date: 09/11/2019

Incident Date: 09/11/2019

Location: HOC- 6 02 1

Report Subject: FORMAL

Persons Involved: (b)(6)(b)(7)(C)

Booking Number: (b)(6)(b)(7)(C)

Incident Time: 15:30

Event Type: DISCIPLINARY

Reporting Officer: (b)(6)(b)(7)(C)

Disposition: Moved to Segregation on Awaiting Action Status

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1D/ Abusive or Threatening language	Formal		
7A/ Disobey order	Formal		
7D/ Resist Officer	Formal		
14/ Attempt to commit crime	Formal		

Initial Report:

On Wednesday, September 11, 2019 at approximately 3:30pm I entered the 6-2-1 medical unit to see if Detainee (b)(6)(b)(7)(C) was willing to comply with a classification move to the 1-3-1 unit. Detainee (b)(6)(b)(7)(C) refused to move and stated he would fight any officer that comes in his cell and threaten to pull the sprinkler head as soon as we move him to the 1-3-1 unit. Detainee (b)(6)(b)(7)(C) refused my order to be placed in handcuffs and escorted to the 1-3-1 unit. Detainee (b)(6)(b)(7)(C) stated to me, "Fuck you I don't have to move and if you try to come in here I'll fuck you! You don't know me!" He ignored several orders to come to the cell door and moved to the back of the cell and stated, "Fuck you I don't have to go anywhere!" Subsequently due to his non-compliant and disruptive behavior he was placed in the restraint chair.

(b)(6)(b)(7)(C)

Reporting Staff: _____

Reporting Staff: _____

PRINT (FIRST)

PRINT (LAST)

Position: 904

INMATE REFUSED INFORMAL SANCTION

- Oral warning
- Restricted movement 24 48 72 (circle one)
- Susp. From detail 24 48 72 (circle one)
- Loss of phone for 72 hrs
- Written reprimand
- Loss of visits for 72 hrs
- Loss of canteen for 72 hrs
- Referred to Classification

BEGIN: _____ AM PM ON _____
 END: _____ AM PM ON _____

INMATE SIGNATURE

DATE

2022-ICLI-00015

FORMAL HEARING REQUESTED REFER TO S.I.D.

(b)(6)(b)(7)(C)

(circle one)

9/11/19
 Date

9/11/19
 Date

9/12/19
 Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT

To: ADS. (b)(6)(b)(7)(C)
From: Captain (b)(6)(b)(7)(C)
Date: September 11, 2019
Re: Detainee (b)(6)(b)(7)(C)

Ma'am,

On September 11, 2019 while assigned as the Shift Commander I, Captain (b)(6)(b)(7)(C) have the following to report. Detainee (b)(6)(b)(7)(C) refused numerous orders to be moved from the infirmary to the 1-3-1 unit per classification. Detainee (b)(6)(b)(7)(C) did make numerous threats that he would assault any staff and pull sprinkler heads if staff tried to enter his cell. I did authorize a Force Cell Move to be conducted by SERT Supervisor Lieutenant (b)(6)(b)(7)(C) Prior to deploying O.C. Lt. (b)(6)(b)(7)(C) gained control of Detainee (b)(6)(b)(7)(C) and secured him in the restraint chair. He was evaluated by Nurse (b)(6)(b)(7)(C) and was cleared to remain in the restraint chair. Since being transported to the 1-3-1 unit Detainee (b)(6)(b)(7)(C) has continued to be non-compliant, refuses to answer any questions and continues to scream and yell. At approximately 6:11 pm he agreed to comply with all orders and was removed from the restraint chair.

Respectfully submitted,

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

To: Captain (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

From: Lieutenant (b)(6)(b)(7)(C)

Date: September 11, 2019

Re: Detainee (b)(6)(b)(7)(C)

On Wednesday, September 11, 2019 at approximately 3:30pm, I entered the 6-2-1 medical unit to see if Detainee (b)(6)(b)(7)(C) was willing to comply with a classification move to the 1-3-1 unit. Earlier in the day (approximately 2:00pm) Detainee (b)(6)(b)(7)(C) refused to move and stated he would fight any officer that comes in his cell and threatened to pull the sprinkler head as soon as we move him to the 1-3-1 unit.

Detainee (b)(6)(b)(7)(C) refused my order to be placed in handcuffs and escorted to the 1-3-1 unit. Detainee (b)(6)(b)(7)(C) stated to me, "Fuck you I don't have to move and if you try to come in here I'll fuck you! You don't know me!" Dep. (b)(6)(b)(7)(C) did begin to video tape his non-compliant behavior. I asked, advised, and ordered him to come to cell trap door and place his hands through. He ignored all orders and moved to the back of the cell and stated, "Fuck you I don't have to go anywhere!" I advised him that authorization was given to assemble a force cell move team and extract him from the cell using force up to deploying O.C.

At approximately 3:50pm, with prior authorization from the shift commander Capt. (b)(6)(b)(7)(C) a Force Cell Move Team entered the 6-2-1 unit to conduct the move. The team consisted of myself (team leader), Dep. (b)(6)(b)(7)(C) (shield), Dep. (b)(6)(b)(7)(C) (control right), Dep. (b)(6)(b)(7)(C) (control left), Dep. (b)(6)(b)(7)(C) (control legs) and Dep. (b)(6)(b)(7)(C) (camera). Medical PA (b)(6)(b)(7)(C) did cross reference all inmates and detainees in the 6-2-1 medical unit and stated there were no medical reasons OC could not be deployed. Operations was notified to contact Engineering (b)(6)(b)(7)(C) to have the vents closed in the 6-2-1 unit.

I approached cell #9 and ordered Detainee (b)(6)(b)(7)(C) to come to the cell trap door and placed his hands though to be handcuffed. Detainee (b)(6)(b)(7)(C) complied with my orders and OC was not deployed and, he was restrained behind the back. Detainee (b)(6)(b)(7)(C) was ordered to keep his back to the cell door and cell #9 was opened. He was held bodily by Dep. (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C)

and leg-irons were applied by Dep. (b)(6)(b)(7)(C). After the restraints were locked Detainee (b)(6)(b)(7)(C) was secured in the restraint chair (approximately 4:00pm).

At approximately 4:01pm, Nurse (b)(6)(b)(7)(C) conducted a medical evaluation (no medical treatment given) and he was cleared to remain in the chair. Detainee (b)(6)(b)(7)(C) was escorted to the 1-3-1 segregation unit cell #5. At approximately 4:08pm, a 2nd medical evaluation was given by Nurse (b)(6)(b)(7)(C) and again Detainee (b)(6)(b)(7)(C) was cleared to remain in the restraint chair. He was secured inside cell #5 and staff exited the unit.

At approximately 5:05pm, I entered the 1-3-1 unit with SERT officers (b)(6)(b)(7)(C) / (b)(6)(b)(7)(C) to see Detainee (b)(6)(b)(7)(C) was willing to comply with the rules and regulations of the department, to facilitate his removal from the restraint chair. Detainee (b)(6)(b)(7)(C) refused all orders to comply with my direct orders and continued his disruptive behavior by screaming, "Argh" over and over. Due to his non-compliant behavior and refusal to answer my questions, he remained in the position. Capt. (b)(6)(b)(7)(C) was notified.

At approximately 5:55pm, I again entered the 1-3-1 unit to see if Detainee (b)(6)(b)(7)(C) was willing to comply with the removal process. Detainee (b)(6)(b)(7)(C) did state, "Yes" when asked. At this time he was removed from the restraint chair and a strip search was conducted according to protocol. After complying with the strip search, Detainee (b)(6)(b)(7)(C) got dressed and at approximately 6:05pm Nurse (b)(6)(b)(7)(C) did conduct a final medical evaluation (no medical treatment given) and cleared to remain in the 1-3-1 segregation report.

Detainee (b)(6)(b)(7)(C) received a disciplinary report for his disruptive behavior and threats towards staff. This incident was recorded on digital media card # SCSD 21 and submitted with this report.

Respectfully Submitted

(b)(6)(b)(7)(C)



Suffolk County Sheriff's Department

Incident Report

TO: Lieutenant (b)(6)(b)(7)(C)

FROM: Officer (b)(6)(b)(7)(C)

DATE: September 11, 2019

RE: Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

On Wednesday September 11, 2019, I, Officer (b)(6)(b)(7)(C) was assigned to S.E.R.T.1 and have the following to report.

At approximately 3:30pm, Lt. (b)(6)(b)(7)(C) (S.E.R.T. Supervisor) did advise me to report to the 4th floor S.E.R.T. "ready room" and change into the Force Cell Move equipment. The Force Cell Move (FCM) extraction team consisted of Officer (b)(6)(b)(7)(C) (Shield Man) Officer (b)(6)(b)(7)(C) (Right Control) Officer (b)(6)(b)(7)(C) (Left Control) and Officer (b)(6)(b)(7)(C) (Leg Control) (b)(6)(b)(7)(C) (Recorder).

At approximately 3:50pm, Lt. (b)(6)(b)(7)(C) along with the FCM extraction team entered the medical housing unit. Lt. (b)(6)(b)(7)(C) again approached cell #9 and asked ICE detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) if he was going to comply with the rules and regulations of the institution to which he replied "Yes." Due to his verbal compliance the cell "food trap" door was then opened and detainee (b)(6)(b)(7)(C) was ordered to kneel down and place his hands through the trap so restraints could be applied. After he was placed in handcuffs the cell door was then opened and I did apply Leg Irons on D/T (b)(6)(b)(7)(C). Due to his previous threats of violence he was then secured in the restraint chair. I did assist in the restraint chair placement by securing the waist strap as well as assisting with the shoulder strap.

At approximately 4:01pm, Nurse (b)(6)(b)(7)(C) did conduct the first evaluation and medically cleared him to remain in the restraint chair. After being cleared by medical I did transport D/T (b)(6)(b)(7)(C) to the 1-03-1 housing unit and secured him in cell #5. Nurse (b)(6)(b)(7)(C) did arrive in the unit shortly after and a secondary evaluation was conducted. After being cleared again D/T (b)(6)(b)(7)(C) was secured in cell #5

At approximately 5:05pm, Lt. (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) and I did report to the 1-03-1 housing unit and attempt to remove D/T (b)(6)(b)(7)(C) from the restraint chair. Lt. (b)(6)(b)(7)(C) tried to open up a line of communication with D/T (b)(6)(b)(7)(C) but he continued to yell loudly disregarding everything Lt. (b)(6)(b)(7)(C) was saying. Due to his non-compliance D/T (b)(6)(b)(7)(C) remained secured in the restraint chair.

At approximately 5:55pm, Lt. (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) and I did enter the 1-03-1 housing unit and D/T (b)(6)(b)(7)(C) did give agree to follow all rules and regulations of the institution. Due to his compliance he was removed from the restraint chair and escorted inside cell #5 where a strip search for contraband was conducted. D/T (b)(6)(b)(7)(C) was evaluated by nurse (b)(6)(b)(7)(C) and cleared to remain in the unit. D/T (b)(6)(b)(7)(C) was secured inside cell #5 without further incident

Respectfully Submitted,

(b)(6)(b)(7)(C)



Suffolk County Sheriff's Department Incident Report

To: Lt. (b)(6)(b)(7)(C)
From: Deputy (b)(6)(b)(7)(C)
Date: September 11, 2019
Subject: D/T (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

Sir,

On Wednesday September 11, 2019 while assigned to Sert I, Officer (b)(6)(b)(7)(C) have the following to report.

At approximately 3:30pm, I was informed by Lieutenant (b)(6)(b)(7)(C) that Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) Medical Housing Unit (6-02-1), cell# 09, had refused to be moved from the Medical Housing Unit to 1-03-1 unit on the previous shift (7-3 shift). In addition, he requested me to put on the cell extraction uniform so that D/t (b)(6)(b)(7)(C) can be removed from the Medical Housing Unit, in cases he refuses again. After getting ready, Lt. (b)(6)(b)(7)(C) informed the cell extraction team that we were heading to the Medical Housing Unit.

Upon entering the Medical Housing Unit, Lt. (b)(6)(b)(7)(C) approached D/t. (b)(6)(b)(7)(C) and asked him if was willing to comply with the rules of the institution. He replied. "Yes". Lt. (b)(6)(b)(7)(C) directed D/t. (b)(6)(b)(7)(C) to turn around and place his hand through the food trap so that he could be placed into restraints, in which he complied. After he was placed into restraints, I assisted with the restraint chair application process.

At approximately 4:00pm Detainee (b)(6)(b)(7)(C) was placed into the restraint chair and medically evaluated by Nurse (b)(6)(b)(7)(C). It should be noted that I did apply the shoulder straps and the left leg strap. This incident was video recorded by Deputy (b)(6)(b)(7)(C).

After secured in the restraint chair D/t (b)(6)(b)(7)(C) was escorted to the 1-3-1 housing unit cell#5 without further incident at approximately 4:08pm.

At 5:05pm D/t (b)(6)(b)(7)(C) was noncompliant to LT. (b)(6)(b)(7)(C) orders and remained in the restraint chair.

At approximately 5:55pm LT. (b)(6)(b)(7)(C) myself, (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) reported to the 1-3-1 unit, at this time D/t (b)(6)(b)(7)(C) agreed to comply with LT (b)(6)(b)(7)(C) orders and was removed from the restraint chair by myself Deputy (b)(6)(b)(7)(C), and LT (b)(6)(b)(7)(C) (Deputy (b)(6)(b)(7)(C) on the video camera). D/t (b)(6)(b)(7)(C) was then evaluated by Nurse (b)(6)(b)(7)(C) and cleared to stay in unit.

Respectfully Submitted,

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

Incident Report

To: Lieutenant (b)(6)(b)(7)(C)

From: Deputy (b)(6)(b)(7)(C)

Date: September 11, 2019

Subject: Use of force on (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

At approximately 3:30pm, on September 11, 2019, while assigned to SERT #4, I was asked by Lieutenant (b)(6)(b)(7)(C) to report to the fourth floor ready room to prepare for a possible force cell move.

While preparing for the possible move, and donning the appropriate gear, I was informed by Lieutenant (b)(6)(b)(7)(C) that detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) 6-02-1 cell #9, refused a classification move and threatened to "pull a sprinkler head" and fight staff. While being briefed, he designated the following officers to the following positions on the team; Team Leader Lieutenant (b)(6)(b)(7)(C) Deputy (b)(6)(b)(7)(C) (shield), Deputy (b)(6)(b)(7)(C) (control right), Deputy (b)(6)(b)(7)(C) (control left), and Deputy (b)(6)(b)(7)(C) (lower extremities/legs). Deputy (b)(6)(b)(7)(C) will be utilizing the digital video camera to capture the move.

At approximately 3:50pm, we entered the 6-02-1 housing unit (rear of medical) and introduced ourselves along with our respective assignments on the move team to the video camera. We approached cell #9 where Lt. (b)(6)(b)(7)(C) asked detainee (b)(6)(b)(7)(C) if he was willing to comply with the move and be restrained, he replied in the affirmative. The cell trap door was open and I assisted Lt. (b)(6)(b)(7)(C) with placing handcuffs on detainee (b)(6)(b)(7)(C)

Detainee (b)(6)(b)(7)(C) was removed from the cell by Deputy (b)(6)(b)(7)(C) and me. We placed him against the wall outside the cell so leg irons could be applied. Once the restraints were secured and double locked we placed him in the restraint chair.

At approximately 4:00pm, he was secured in the chair and an initial medical evaluation was conducted by Nurse (b)(6)(b)(7)(C). She cleared detainee (b)(6)(b)(7)(C) to remain in the chair so that he could be transported to 1-03-1.

Once we arrived to 1-03-1, approximately 15 minutes later, Nurse (b)(6)(b)(7)(C) conducted a second medical evaluation clearing detainee (b)(6)(b)(7)(C) to remain in the chair. He was then placed in cell #5 and the door was secured.

Respectfully Submitted,

(b)(6)(b)(7)(C)

Suffolk County Sheriff's Department

To: Lt. (b)(6)(b)(7)(C)
From: Officer (b)(6)(b)(7)(C)
Date: September 11, 2019
Re: D/T (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

Sir,

On Wednesday September 11, 2019 while assigned to Sert 6, I, Officer (b)(6)(b)(7)(C) have the following to report. At approximately 3:30pm per your request I reported to building 1 4th floor ready room and began to put on the appropriate attire to conduct a Force Cell Move.

Upon arrival I was notified that D/T (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) located in cell #9 of the medical housing unit was refusing his classification move to the 1-3-1 unit. Said detainee also made numerous threats such as "any C/O that comes in here I'm gonna fight" as well as verbally threatened to pull the sprinkler head located in the cell.

At approximately 3:50pm a force cell move team consisting of Team Leader Lt. (b)(6)(b)(7)(C) C/O (b)(6)(b)(7)(C) (shield) myself (control right), C/O (b)(6)(b)(7)(C) (control left) and C/O (b)(6)(b)(7)(C) (lower extremities) entered the medical housing unit. Lt. (b)(6)(b)(7)(C) approached D/T (b)(6)(b)(7)(C) cell and issued a direct order to place his hands through the trap and comply with the rules and regulations of the institution. D/T (b)(6)(b)(7)(C) complied; the trap to the cell door was opened and C/O (b)(6)(b)(7)(C) placed D/T (b)(6)(b)(7)(C) in handcuffs. The cell door was then opened myself and C/O (b)(6)(b)(7)(C) then gained control of D/T (b)(6)(b)(7)(C) and placed him up against the unit wall in a double-ninety escort hold. It was then that leg irons were applied by C/O (b)(6)(b)(7)(C). Following this myself, C/O (b)(6)(b)(7)(C) C/O (b)(6)(b)(7)(C) and C/O (b)(6)(b)(7)(C) successfully secured D/T (b)(6)(b)(7)(C) in the restraint chair.

At approximately 4:01pm a first medical evaluation was conducted by Nurse (b)(6)(b)(7)(C) and she medically cleared D/T (b)(6)(b)(7)(C) to remain in the restraint chair. At approximately 4:03 D/T (b)(6)(b)(7)(C) was escorted out of medical via restraint chair to the 1-3-1 unit cell #5. Before being secured in his cell at approximately 4:08pm a second medical evaluation was conducted by Nurse (b)(6)(b)(7)(C) and she again medically cleared D/T (b)(6)(b)(7)(C) to remain in the restraint chair. D/T (b)(6)(b)(7)(C) was then secured in cell #5 and all Sert Personnel exited the unit.

(b)(6)(b)(7)(C)



Suffolk County Sheriff's Department

Incident Report

TO: Lieutenant (b)(6)(b)(7)(C)

FROM: Deputy (b)(6)(b)(7)(C)

Incident: Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

September 11, 2019

On Wednesday September 11, 2019 at approximately 3:20pm I Deputy (b)(6)(b)(7)(C) was assigned to SERT 2 (building one) when Lieutenant (b)(6)(b)(7)(C) requested that I report to the rear of the infirmary with the camera. At 3:25pm I began operating the camera with (sd card scsd #21) to monitor Detainee (b)(6)(b)(7)(C) behavior. Detainee (b)(6)(b)(7)(C) was asked, advised, and ordered on camera by Lt. (b)(6)(b)(7)(C) to comply with the classification move from 6-2-1 cell 9 to 1-3-1 cell 11 but he refused all the Lt's requests and orders. Please note that detainee (b)(6)(b)(7)(C) did refuse the classification move earlier on the 7-3 shift as well.

After detainee (b)(6)(b)(7)(C) refused Lt (b)(6)(b)(7)(C) orders I continued to monitor his behavior via video camera. Lt. (b)(6)(b)(7)(C) left and returned to the rear of the infirmary at approximately 3:50pm with Deputies, (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) Everyone was dressed in force cell move gear since Captain (b)(6)(b)(7)(C) authorized the forced cell extraction due to detainee (b)(6)(b)(7)(C) non compliant behavior. Lt. (b)(6)(b)(7)(C) approached detainee (b)(6)(b)(7)(C) and asked if he was willing to comply with the rules of the institution. He replied, "Yes." At Lt. (b)(6)(b)(7)(C) direction he ordered detainee (b)(6)(b)(7)(C) to turn around and place his hands through the trap.

Furthermore, at approximately 4:00pm Detainee (b)(6)(b)(7)(C) complied and was placed in the restraint chair by deputies (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) Detainee (b)(6)(b)(7)(C) was moved by the force cell move team (mentioned above) to unit 1-3-1 cell 5. Nurse (b)(5) did medically evaluate detainee (b)(6)(b)(7)(C) and he was cleared. I did monitor and record this whole incident as well.

At approximately 5:05pm, Lt. (b)(6)(b)(7)(C) Deputy (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and I returned to the 1-3-1 unit with the camera on to see if detainee (b)(6)(b)(7)(C) was ready to comply. Lt. (b)(6)(b)(7)(C) did ask detainee (b)(6)(b)(7)(C) if he was ready to comply. Detainee (b)(6)(b)(7)(C) ignored Lt. (b)(6)(b)(7)(C) by screaming continuously. We exited the unit and Lt. (b)(6)(b)(7)(C) notified Central that he would remain in the restraint chair.

Finally, at approximately 6:00pm Lt. (b)(6)(b)(7)(C) Deputies (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and I returned with the camera and monitored Lt. (b)(6)(b)(7)(C) asking detainee (b)(6)(b)(7)(C) if he was ready to comply with all the rules of the institution. Detainee (b)(6)(b)(7)(C) replied, "Yes." At this time (approximately 6:05pm) detainee (b)(6)(b)(7)(C) was removed from the restraint chair. Medical Nurse (b)(5) did evaluate detainee (b)(6)(b)(7)(C) and he was cleared to remain in the unit.

Respectfully submitted,

Deputy (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	F	Low	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: _____10/21/2019_____

3. Date of Disciplinary Proceeding (If Applicable):
_____N/A_____

4. Length of Disciplinary Sanction (If Applicable):
_____N/A_____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input checked="" type="checkbox"/> Suicide Risk Placement <input checked="" type="checkbox"/> Other |
|---|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was arrested and booked into Strafford County House of Corrections Dover, NH on 10/21/2019. Upon medical examination, (b)(6)(b)(7)(C) made comments about being on Zoloft for depression as well as sleep medications. She also has a history of cutting herself. This was apparent by 6 cuts on her left wrist/forearm. It was determined by the Strafford medical staff to put her on suicide watch with checks occurring every 15 minutes. Strafford County is currently in the process of ordering her medication.

This detainee has a history of cutting as a coping mechanism when stressed. This placement is not based on a threat to attempt suicide, rather a mental health watch.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per the Strafford Medical Department, this detainee is currently waiting to be evaluated by mental health.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: Detainee (b)(6)(b)(7)(C) is still currently in Strafford Medical waiting to be seen by a psychiatrist.

12. Describe the detainee's immigration history and prior criminal history, if applicable: Detainee, (b)(6)(b)(7)(C), is a Brazilian national who entered the U.S. on 08/07/2014 as a B-2 visitor. (b)(6)(b)(7)(C) was arrested by the Salem, New Hampshire Police Department on 08/17/2019 for the crime of shoplifting. This case is still pending.

(b)(6)(b)(7)(C)

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

14. Date:

10/23/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	3	BOS	Plymouth C.C.F.

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/12/2019

3. Date of Disciplinary Proceeding (If Applicable):
10/22/2019

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee (b)(6)(b)(7)(C) was removed from the unit for insolence toward staff. (b)(6)(b)(7)(C) was vocalizing his displeasure with his living conditions by directing insults and threats toward staff. Officers requested assistance in having (b)(6)(b)(7)(C) removed from the unit. Additional officers responded and assisted removing (b)(6)(b)(7)(C). While exiting the unit (b)(6)(b)(7)(C) turned toward an officer and stated, "We will see each other on the streets, you messed with the wrong person".

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

- 7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?**
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

- 8. Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

- 9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

N/A

- 10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)**

YES NO

Explain why or why not:

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

8/23/1995 – Convicted: Synthetic Narcotic - Possession
3/11/1996 - Notice to Appear served.
9/15/1998 – Convicted: Illegal Entry (INA SEC. 101(a)(43)(O), 8 USC 1325 only)
9/15/1998 – Immigration Judge Ordered Removed
9/15/1998 – Warrant of Deportation Issued
10/06/1998 – Notice to Surrender (Demand) Served
6/22/2000 – Booked in to ICE custody (HAR)
10/31/2000 – Released – Order of Supervision
8/01/2003 – Booked in to ICE custody (HAR)
11/26/2003 - Released – Order of Supervision
7/01/2009 – Convicted: Assault
7/01/2009 – Convicted: Threat Terroristic State Offense
3/17/2010 - Booked in to ICE custody (HAR)
3/17/2010 – Travel Document Requested-Yugoslavia
4/18/2010 – Travel Document Denied
6/07/2010 - Released – Order of Supervision
5/27/2011 - Booked in to ICE custody (HAR)
5/31/2011 - Released – Order of Supervision – lack of bed space
6/10/2011 – Travel Document Requested-Kosovo
10/03/2011 – Convicted: Violation of Court Order
1/19/2011 – Convicted: Violation of Court Order
2/13/2018 – Convicted: Probation Violation
5/07/2019 - Booked in to ICE custody (HAR)
5/31/2019 – Travel Document Requested
10/07/2019 – I-241 sent to: Bosnia and Herzegovina, Serbia, Slovenia, Montenegro, Kosovo, and Croatia
10/15/2019 – Croatia and Slovenia deny acceptance of detainee
10/21/2019 – Montenegro and Serbia deny acceptance of detainee

(b)(6)(b)(7)(C)

14. Date: 10/28/19

Received after hours Friday 10/25/19

(b)(6)(b)(7)(C)



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 10/12/2019 Incident Date 10/12/2019 Incident Time 09:01
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNE / 113 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 01C - Insolence to staff, 08 - Conduct which disrupts, 19B - Lang/act/gesture threatening staff, 02 - Violating any rule or regulation.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,

-On Saturday October 12, 2019 I was assigned as the Zone 3 Lieutenant for the 0700-1500 Hours shift.

-At approximately 0901 hours while removing INS Boston Detainee (b)(6)(b)(7)(C) ID# (b)(6)(b)(7)(C) from Unit C3 he made threats towards a staff member. As (b)(6)(b)(7)(C) was being escorted by the Officer's panel he stopped and turned towards Officer (b)(6)(b)(7)(C) and stated "We will see each other on the streets, you messed with the wrong person".

-At this time I informed (b)(6)(b)(7)(C) he would be receiving a report for threats to staff and ordered him to continue walking to the sally port (see attached Intelligence report).

(b)(6)(b)(7)(C)
Lieutenant (b)(6)(b)(7)(C)
0700-1500 Hours Shift

Reporting Officer: (b)(6)(b)(7)(C)
Signature

Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 10/12/2019 Incident Date 10/12/2019 Incident Time 09:01
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNE / 113 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature Date

Reviewing Authority (print name): _____

Signature Date:



**ADMINISTRATIVE
 SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
 - a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification	<input checked="" type="checkbox"/> Unit G
<input checked="" type="checkbox"/> Pending Disciplinary Review / Action	<input type="checkbox"/> Booking & Release Orientation
<input type="checkbox"/> Medical Watch / Mental Health Watch	<input type="checkbox"/> Medical
<input type="checkbox"/> Protective Custody / Housing / Enemy Issues	
<input type="checkbox"/> Suicide Watch	
<input type="checkbox"/> Other, list below	<input type="checkbox"/> Other: List below

Comments: INSOLENCE TOWARDS STAFF

2) Medical Officer (b)(6)(b)(7)(C) was notified at 0910 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander: ADS GIOVE Signature: (b)(6)(b)(7)(C)

Date: October 12, 2019 Time: 0910 HRS.

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 10-14-19 Time: 0830 am / pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: (b)(6)(b)(7)(C)

A printed copy of this form must accompany all reports regarding this inmates placement in segregation.

Special Management Unit

ICE Detainee Segregation Order

Date: 10-12-19

ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

A-Number: (b)(6)(b)(7)(C)

Date Assigned to Unit: 10-12-19

Housing Assignment: G-NW 116

- Reason: Classified for Permanent Housing / Clasificado para el Albergue Permanente / Clasificado para Alojamento Permanente
- Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
- Pending Classification / La Clasificación pendiente / Classificação pendente

Comments: _____

Signature: (b)(6)(b)(7)(C)
Unit Supervisor

Date: 10-12-19

The detainee's signature on this Segregation Order
Signature: (b)(6)(b)(7)(C)

Date: 10-12-19

Inmate Detainee's Signature of Receipt: X

This form is to be completed by the Supervisor on duty at the time an ICE Detainee is placed in the Special Management Unit.

Original: Inmate Records Folder Copy to Inmate / Detainee

(b)(6)(b)(7)(C)

Special Management Unit

ICE Detainee Weekly Housing Review Form

Date: 10/18/2019

ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

A-Number: [Redacted]

Date Assigned to Unit: 10/12/2019

Housing Assignment: GNE 113

Type of Review: Weekly Housing Review

Other: _____

- Reason:
- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Serving Sanction / La Sanción sirviendo / Sanção servindo

- Actions Taken:
- Continue Housing in SMU / Continúe el Albergue en SMU / Continue Alojamento em SMU
 - Re-classify to General Population / Re-clasifique a la Población General / Re-classifique a População Geral

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 10/18/19

Signature: [Redacted] Date: 10-22-19

Inmate Detainee's Signature of Receipt: X Refused to Sign (b)(6)(b)(7)(C)

This form is to be completed at the time of the weekly housing review.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Weekly Housing Review Form

Date: 10/25/19

ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

A-Number: [Redacted]

Date Assigned to Unit: 10/12/19

Housing Assignment: GNE 113

Type of Review: Weekly Housing Review

Other: _____

- Reason:
- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Serving Sanction / La Sanción sirviendo / Sanção servindo

- Actions Taken:
- Continue Housing in SMU / Continúe el Albergue en SMU / Continue Alojamento em SMU
 - Re-classify to General Population / Re-classifique a la Población General / Re-classifique a População Geral

Comments: owes disciplinary time - daily
email sent to ICE

Signature: (b)(6)(b)(7)(C)

Date: 10/25/19

Signature: _____
Unit Supervisor

Date: _____

Inmate Detainee's Signature of Receipt: (b)(6)(b)(7)(C)

This form is to be completed at the time of the weekly housing review.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Weekly Housing Review Form

Date: 11/11/19 ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C) A-Number: (b)(6)(b)(7)(C)

Date Assigned to Unit: 10/12/19

Housing Assignment: GNE 113

Type of Review: Weekly Housing Review

Other: _____

- Reason:
- Classified for Permanent Housing / Clasificado para el Albergue Permanente / Classificado para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Serving Sanction / La Sanción sirviendo / Sanção servindo
- Actions Taken:
- Continue Housing in SMU / Continúe el Albergue en SMU / Continue Alojamento em SMU
 - Re-classify to General Population / Re-classifique a la Población General / Re-classifique a População Geral

Comments: _____

Signature: (b)(6)(b)(7)(C) Date: 11/11/19

Signature: _____ Date: 11-1-19

Inmate Detainee's Signature of Receipt: Refused to sign (b)(6)(b)(7)(C)

This form is to be completed at the time of the weekly housing review.

Original: Inmate Records Folder Copy to Inmate / Detainee

Special Management Unit

ICE Detainee Weekly Housing Review Form

Date: 11/8/19

ID#: (b)(6)(b)(7)(C)

Name: (b)(6)(b)(7)(C)

A-Number: (b)(6)(b)(7)(C)

Date Assigned to Unit: 10-12-19

Housing Assignment: GNE 113

Type of Review: Weekly Housing Review

Other: _____

- Reason:
- Classified for Permanent Housing / Clasifido para el Albergue Permanente / Classifido para Alojamento Permanente
 - Awaiting Disciplinary Action / La Acción Disciplinaria esperando / Ação Disciplinar esperando
 - Serving Sanction / La Sanción sirviendo / Sanção servindo

- Actions Taken:
- Continue Housing in SMU / Continúe el Albergue en SMU / Continue Alojamento em SMU
 - Re-classify to General Population / Re-classifique a la Población General / Re-classifique a População Geral

Comments: max complete 11/8/19

Signature: (b)(6)(b)(7)(C)

Date: 11/8/19

Signature: (b)(6)(b)(7)(C)

Date: 11-4-19

Inmate Detainee's Signature of Receipt: X Refused to sign (b)(6)(b)(7)(C)

This form is to be completed at the time of the weekly housing review.

Original: Inmate Records Folder Copy to Inmate / Detainee



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 10/12/2019
Incident Date
Incident Time
Booking Number: (b)(6)(b)(7)(C)
Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNE / 113 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 01C - Insolence to staff, 02 - Violating any rule or regulation, 08 - Conduct which disrupts.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated
Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On October 12th 2019 at approximately 0901hrs inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was removed from the unit for insolence to staff.

Due to inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) recent attitude towards his living conditions (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) vocalized his displeasure with insults and threats towards myself. It was decided by my partner and I that it was best to have inmate (b)(6)(b)(7)(C) removed for his insulant behavior. At that point Lt. (b)(6)(b)(7)(C) was called via telephone and he along with CERT Officers (b)(6)(b)(7)(C) & Medical Officer (b)(6)(b)(7)(C) entered unit C3 to medically asses and be removed to unit G. Inmate (b)(6)(b)(7)(C) was handcuffed and escorted out of unit. While exiting inmate (b)(6)(b)(7)(C) continued to be insolent and made threats (See intelligence report)

Reporting Officer: (b)(6)(b)(7)(C)
Signature
Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action
Referred to D.A.
Minor Sanction
Investigation
Major Violation
Date Commenced

Disciplinary Officer:
Signature
Date

Reviewing Authority (print name):



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date Incident Date Incident Time

10/12/2019

Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)

Location: C3 Officer

Involvement: Aggressor

Housing Location: GNE / 113 / 1

Reporting Officer: (b)(6)(b)(7)(C)

Signature _____

Date: _____



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 10/14/2019 Incident Date 10/14/2019 Incident Time 20:30
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNE / 216 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Participant

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 02 - Violating any rule or regulation, 08 - Conduct which disrupts, 10B - Possession unauthorized substance.

Otr Inmates Involved: (b)(6)(b)(7)(C) GNW / 114 / 2 Participant (b)(6)(b)(7)(C)
Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 08 - Conduct which disrupts, 02 - Violating any rule or regulation, 10B - Possession unauthorized substance.

Report Subject: Unauthorized Substance

Statement of Offense:

Sir,
On Monday October 14, 2019 I was assigned as the Zone 3 Lieutenant for the 1500-2300 hours shift. At approximately 2030 hours an incident occurred, which led to the removal of I.N.S. Boston Detainee (b)(6)(b)(7)(C) and I.N.S. Boston Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) from Unit C3 to Unit G for possession of unauthorized substance.

While conducting a monthly search of the unit, Student Officer's (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) was searching cell C305 (where (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) was housed). As they were searching the detainee's cell, they were searching through a book that was underneath the mattress on the bottom bunk and found a folded up piece of lined paper with white powder in it. They immediately notified me of their findings. (See Informational Report).

After the unit was completed being searched, all detainees were then sent back to their cells. I then went to cell C305 where (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) was housed. I then ordered both Detainees to turn around and place their hands behind their back to which they complied. Officer (b)(6)(b)(7)(C) applied handcuffs to (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C) applied handcuffs to (b)(6)(b)(7)(C) without issues. Medical Officer (b)(6)(b)(7)(C) was in the unit doing medication pass. She then performed the Initial Segregation Assessment and authorized both detainees to be housed in Unit G. Both detainees were then brought into the Classroom 3015 so I could provide a drug test. I tested both Detainees with the 3 panel DOA8100074 EX: 9/30/20 and the One Panel BUP9030007 EXP: 3/31/21. Both detainees provided a urine sample and both tests came back negative.

Both Detainees properties were then packed and inventoried by CERT (See Attached).

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervi or (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 10/14/2019 Incident Date 10/14/2019 Incident Time 20:30
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: GNE / 216 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature Date

Reviewing Authority (print name): _____

Signature Date:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	3	BOS	Plymouth C.C.F.

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/14/2019

3. Date of Disciplinary Proceeding (If Applicable):
10/22/2019

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

While conducting a monthly search of the unit, officers discovered a white powdery substance wrapped in white lined paper hidden inside of a book under the mattress of the bottom bunk in cell C305. This bunk is assigned to (b)(6)(b)(7)(C) Both detainees assigned to cell C305 were subjected to urine analysis in which both detainees' results came back negative.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

Immigration:

July 30, 1991 - I-130 approved
December 22, 1993 - Subject entered as LPR in Miami, FL
May 9, 2019 – Notice to Appear (I-862) issued
July 10, 2019 – Notice to Appear (I-862) served
September 26, 2019 – Case continued (EOIR)
October 8, 2019 – Case continued (EOIR)

Criminal History

ARRAIGNMENT: (0001)
ARG-DATE: 03/18/19 PD: SEE COURT: TAUNTON DISTRICT DKT#(b)(7)(E)
OFF: POSS CLASS A CONT SUB CSA POSS A
STATUS: O WPD: WDT:

ICE Review of Segregation Cases

DISP: C 5/10/19

ARRAIGNMENT: (0002)

ARG-DATE: 02/01/19 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: SHOPLIFTIN BY ASPORTATION 3RD SHOPLIFT

STATUS: W WPD: WDT: //

DISP: PTCOR-A 2/26/19 DF 3/4/19 D/R CC 3/18/19 DF

ARRAIGNMENT: (0003)

ARG-DATE: 01/11/19 PD: SOE COURT: SOMERVILLE DISTRICT DKT#: (b)(7)(E)

OFF: SHOPLIFTIN BY CONCEALING MDSE SHOPLIFT

STATUS: O WPD: WDT:

DISP: DF 2/4/19 D/R PTCOR-A 4/5/19 5/17/19

ARRAIGNMENT: (0004)

ARG-DATE: 11/07/18 PD: COURT: SALEM DISTRICT DKT#: (b)(7)(E)

OFF: LARCENY LESS -\$1200 LAR LESS

STATUS: O WPD: WDT:

DISP: DF 11/8/18 D/R 1/9/19 DF 1/11/19 D/R 5/16/19

ARRAIGNMENT: (0005)

ARG-DATE: 11/07/18 PD: COURT: SALEM DISTRICT DKT#: (b)(7)(E)

OFF: LARCENY LESS -\$1200 LAR LESS

STATUS: O WPD: WDT:

DISP: DF 11/8/18 D/R 1/9/19 DF 1/11/19 D/R 5/16/19

ARRAIGNMENT: (0006)

ARG-DATE: 10/31/18 PD: SAU COURT: LYNN DISTRICT DKT#: (b)(7)(E)

OFF: SHOPLIFTIN BY ASPORTATION 3RD SHOPLIFT

STATUS: O WPD: WDT:

DISP: 3/21/19 DF 4/18/19 D/R 5/8/19

ARRAIGNMENT: (0007)

ARG-DATE: 10/02/18 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: SHOPLIFTIN \$250+ BY ASPORTATIO SHOPLIFT

STATUS: W WPD: WDT: //

DISP: C 2/26/19 DF 3/4/19 D/R 3/18/19 DF

ARRAIGNMENT: (0008)

ARG-DATE: 09/25/18 PD: REA COURT: WOBURN DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER SUSPEND LIC 114B-SUS

STATUS: C WPD: REA WDT:

DISP: CC SS 12/28/18 DF 1/10/19 D/R PD DISM

ARRAIGNMENT: (0009)

ARG-DATE: 03/12/18 PD: EVE COURT: MALDEN DISTRICT DKT#: (b)(7)(E)

OFF: SHOPLIFTIN 2ND SHOPLIFT

STATUS: C WPD: WDT:

DISP: C 6/8/18 DF 6/19/18 DR PD DISM

ARRAIGNMENT: (0010)

ARG-DATE: 02/07/18 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: TRESPASSING TRES

STATUS: W WPD: WDT: //

DISP: C 7/17/18 G 100 FINE 3/18/19 DF

ARRAIGNMENT: (0011)

ARG-DATE: 12/27/17 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: LARCENY MORE OVER \$250 LAR MORE

STATUS: C WPD: WDT:

DISP: C 6/21/18 NP

ARRAIGNMENT: (0012)

ARG-DATE: 10/14/16 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

ICE Review of Segregation Cases

ARRAIGNMENT: (0023)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS E CONT SUB CSA POSS E
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0024)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS TO DISTRIBUTE CLASS A CSA POSS DIST A
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0025)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0026)
ARG-DATE: 08/08/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS A CONT SUB CSA POSS A
STATUS: C WPD: WDT:
DISP: % C 1/15/15 JT 4/23/15 DISM

ARRAIGNMENT: (0027)
ARG-DATE: 12/26/13 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: ASSAULT AND BATTERY A&B
STATUS: C WPD: WDT:
DISP: % C 10/7/14 DISM

ARRAIGNMENT: (0028)
ARG-DATE: 12/26/13 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: THREATENING COMM CRIME THREAT
STATUS: C WPD: WDT:
DISP: % C 10/7/14 DISM

ARRAIGNMENT: (0029)
ARG-DATE: 03/05/13 PD: 655 COURT: EAST BOSTON DISTRICT DKT#: (b)(7)(E)
OFF: OPERATING AFTER 114B
STATUS: C WPD: WDT:
DISP: CC 4/8/13 DFR 4/11/13 TBD 5/13/13 DISM

ARRAIGNMENT: (0030)
ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: ASSAULT AND BATTERY A&B
STATUS: C WPD: WDT:
DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0031)
ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: ASSAULT DANGEROUS WEAPON ASLT DW
STATUS: C WPD: WDT:
DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0032)
ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: INTIMIDATION INTIM
STATUS: C WPD: WDT:
DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0033)
ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: LARCENY MORE LAR MORE
STATUS: C WPD: WDT:

ICE Review of Segregation Cases

OFF: SHOPLIFTIN \$100+ BY ASPORTATIO SHOPLIFT
STATUS: C WPD: WDT:
DISP: C 11/29/16 G 6MO CMTD CONC

ARRAIGNMENT: (0013)
ARG-DATE: 04/20/16 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN \$100+ BY ASPORTATIO SHOPLIFT
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/17 VWF VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0014)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VWF VN 11/29/16 VOP PROB REVOKE 6MO CMTD

ARRAIGNMENT: (0015)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISTRIBUTE/DISPENSE CLASS A CSA DIST A
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0016)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: CONTROL SUBSTANCE SCHOOL CSA SCHOOL
STATUS: C WPD: WDT:
DISP: C 9/21/16 DISM

ARRAIGNMENT: (0017)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS TO DISTRIBUTE CLASS A CSA POSS DIST A
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0018)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS E CONT SUB CSA POSS E
STATUS: C WPD: WDT:
DISP: C 9/21/16 CWOV 9/21/17 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0019)
ARG-DATE: 08/03/15 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISORDERLY CONDUCT DIS COND
STATUS: C WPD: WDT:
DISP: C 8/19/15 CC 4/21/16 DISM

ARRAIGNMENT: (0020)
ARG-DATE: 10/30/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0021)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISTRIBUTE/DISPENSE CLASS A CSA DIST A
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0022)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: CONTROL SUBSTANCE SCHOOL CSA SCHOOL
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ICE Review of Segregation Cases

DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0034)

ARG-DATE: 05/10/11 PD: SA7 COURT: STOUGHTON DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER SUSPEND REG 114C-SUS

STATUS: C WPD: WDT:

DISP: CC C7/14/11 C9/15/11 PD DISM

ARRAIGNMENT: (0035)

ARG-DATE: 05/10/11 PD: SA7 COURT: STOUGHTON DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: CC C7/14/11 C9/15/11 PD DISM

ARRAIGNMENT: (0036)

ARG-DATE: 02/10/09 PD: BOS COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 5/6/09 DISM

ARRAIGNMENT: (0037)

ARG-DATE: 02/10/09 PD: BOS COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

STATUS: C WPD: WDT:

DISP: %C 5/6/09 C 5/5/10 SP REST VWF VOP C 5/5/10 DISM

ARRAIGNMENT: (0038)

ARG-DATE: 05/18/05 PD: LYF COURT: PEABODY DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: C 8/2/05 CC PD DISM

ARRAIGNMENT: (0039)

ARG-DATE: 05/18/05 PD: LYF COURT: PEABODY DISTRICT DKT#: (b)(7)(E)

OFF: ATTACHING WRONG MV PLATES 124P

STATUS: C WPD: WDT:

DISP: C 8/2/05 DISM

ARRAIGNMENT: (0040)

ARG-DATE: 06/05/03 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: ATTACHING WRONG MV PLATES 124P

STATUS: C WPD: WDT:

DISP: DF2/18/04 D/R CC PD DISM

ARRAIGNMENT: (0041)

ARG-DATE: 06/05/03 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: DF 2/18/04 D/R CC PD DISM

ARRAIGNMENT: (0042)

ARG-DATE: 02/07/01 PD: BOS COURT: EAST BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: POSS CLASS D CONT SUB MARIJUANA CSA POSS D

STATUS: C WPD: WDT:

DISP: CC 3/7/01 DF DR 3/8/01 3/13/01 DISM

ARRAIGNMENT: (0043)

ARG-DATE: 05/07/99 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER SUSPEND LIC 114B-SUS

STATUS: C WPD: WDT:

DISP: DF 5/19/99 D/R CC 6/18/99 PD DISM

(b)(6)(b)(7)(C)

14. Date: 10/31/15

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	M	3	BOS	Bristol County

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/16/2019

3. Date of Disciplinary Proceeding (If Applicable):
Investigation pending

4. Length of Disciplinary Sanction (If Applicable):
Pending

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C)
Sent: Monday, November 4, 2019 9:19 AM
To: (b)(6)(b)(7)(C)
Subject: FW: Detainee (b)(6)(b)(7)(C) # (b)(7)(E)

From: (b)(6)(b)(7)(C)
Sent: Friday, November 01, 2019 2:41 PM
To: (b)(6)(b)(7)(C)
Cc: (b)(6)(b)(7)(C)
Subject: Detainee (b)(6)(b)(7)(C) # (b)(7)(E)

FYI,

On 10/16/19 D/T (b)(6)(b)(7)(C) # (b)(7)(E) was placed on A.S.O. (b)(7)(E)

(b)(7)(E)
involving D/T (b)(6)(b)(7)(C) (Alleged Victim). Sergeant (b)(6)(b)(7)(C) and I spoke to D/T (b)(6)(b)(7)(C) and it was confirmed that he too had heard of the jailers wanting to retaliate for the incident and that he was involved simply because the issues stemmed from a tray he split. D/T (b)(6)(b)(7)(C) stated he didn't get involved in the altercation that took place but that he associates with the D/T's who were involved in the assault so that's why he is being targeted.

D/T (b)(6)(b)(7)(C) stated he did not wish to return to 2 East Unit and would rather go to the ICE Building to avoid any issues. D/T (b)(6)(b)(7)(C) was informed that D/T (b)(6)(b)(7)(C) was in the ICE Building and he stated wasn't sure if he would have any issues with D/T (b)(6)(b)(7)(C) because of the incident. D/T (b)(6)(b)(7)(C) stated that he wouldn't be opposed to be transfer to a Ice detention facility Stafford CT.

Thanks,

(b)(6)(b)(7)(C)

Special Investigations Unit
Bristol County Sheriff's Office
400 Faunce Corner Road
N. Dartmouth MA 02747
Phone (508) 995-(b)(6)(b)(7)(C)

To: _____

From: (b)(6)(b)(7)(C)

Title: Lieutenant

Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my

Detainee: (b)(6)(b)(7)(C)

Date: 10-16-19

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

pending investigation

Medical Officer: _____

Admitted by: _____
Admitted: (Date): _____

Title: _____
Time: _____

Released by: _____
Released: (Date): _____

Title: _____
Time: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 @ 1902 Hours

Location of Incident: DHOC/ 2 East Unit → EE Unit

Description: - Escort of Detainee Cherif (b)(6)(b)(7)(C) # (b)(7)(E)

On the above date and time, I, Officer (b)(6)(b)(7)(C) was assigned as EC Exercise Officer at the Dartmouth House of Correction from 1500 – 2300 hours.

At approximately 1902 hours, Zone 2 Supervisor, Lieutenant (b)(6)(b)(7)(C) ordered me (via radio) to meet with him in the rotunda along with the Courtyard Officer (b)(6)(b)(7)(C) and Sector C Officer (b)(6)(b)(7)(C). Once I arrived at the rotunda, Lt. (b)(6)(b)(7)(C) briefed us stating we would be headed to 2 East Unit to remove two ICE detainees located in cell 254; Detainee Cherif (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C).

Upon entering 2 East Unit, this Officer had found Inmate (b)(6)(b)(7)(C) # (b)(7)(E) in room 254, kneeling on the floor in which he appeared to be praying. I then advised Detainee (b)(6)(b)(7)(C) to turn around and submit to hand-restraints at this time. Detainee (b)(6)(b)(7)(C) complied with all orders, and I successfully placed him into hand restraints (firm to the skin but not to impede circulation) and began hands-on escorting Detainee (b)(6)(b)(7)(C) to Medical for an RHU evaluation.

While in Medical, RN (b)(6)(b)(7)(C) performed the RHU evaluation of Detainee (b)(6)(b)(7)(C) and cleared him to live in EC Unit. This Officer then hands-on escorted Detainee (b)(6)(b)(7)(C) to EE Unit, and into the EE strip cage for a thorough and systematic strip search to be conducted.

Upon completion of the strip search of Detainee (b)(6)(b)(7)(C) no contraband was found at this time and I then hands on escorted Detainee (b)(6)(b)(7)(C) from the EE strip cage to EC unit, cell G5.

Once Detainee (b)(6)(b)(7)(C) was successfully placed in cell G5 with the door secured shut, the hand restraints were removed by this Officer through the meal trap of the cell door. At this time the move was complete. No further issues to report at this time. EOR.

Employee's Signat

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 at 2015

Location of Incident: 2 East Unit

Description: property inventory

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to 2-East Unit and conducted an inventory of Detainee (b)(6)(b)(7)(C) Cherif (b)(7)(E) property. All property was sent to EC unit that he could retain. All other property was brought to property. (b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 10-16-2019

Date and Time of Incident: 10-16-2019 1902 hours

Location of Incident: Dartmouth House of Correction: Mods / 2-East / 254

Description: Supervisors Report; Detainee (b)(6)(b)(7)(C) placed on ASO

On the above date and time I Lt (b)(6)(b)(7)(C) was assigned to Zone 2 supervisor. At 1902 hours Detainee (b)(6)(b)(7)(C) moved from 2-East unit cell # 254 to EC unit cell G-5 due to a pending investigation, this detainee was placed on ASO status.

At 1902 hours Office (b)(6)(b)(7)(C) were briefed by this lieutenant I informed them that Detainees (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C) would be getting moved from 2-East to the RHU area EC unit cell# G-5 due to a pending investigation and being placed on ASO status. All officers assigned to this move entered the cell # 254 both detainees were compliant and submitted to hand-restraints. Restraints were applied firm to skin but not to impede circulation and double locked. Both inmates were hands-on escorted out of the unit and brought to medical where they received a segregation evaluation by RN (b)(6)(b)(7)(C) and cleared. A strip search was conducted to ensure no contraband was on this detainee's person. This strip search took place in the RHU area EE unit strip room. No contraband was found at the time of the search. This detainee was successfully placed into cell G-5 in EC unit without incident. All property belonging to this individual all property inventoried any items of retention were placed in upper storage for safe-keep. No issues to address at this time.

Employee's Signature

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

(b)(6)(b)(7)(C)

**BRISTOL COUNTY SHERIFF'S OFFICE
ICE DETAINEE STRIP SEARCH REPORT**

DATE: 10/16/2019

FACILITY: Dartmouth House of Corrections

NAME OF DETAINEE: (b)(6)(b)(7)(C)

ID NUMBER: (b)(6)(b)(7)(C)

ICE detainee strip searches shall only be conducted when one or more of the following factors have been satisfactorily met: *(Check one or more.)*

- Observation of unusual, surreptitious or suspicious appearance or behavior;
- Evasive or inconsistent responses to questions by law enforcement officer or BCSO staff;
- Discovery of a weapon or other contraband during a pat search, metal detector scan or Or other non-intrusive search;
- The detainee's criminal history, particularly prior to felony or misdemeanor for convictions of crimes involving violence, weapons, contraband or illegal substances Ordinarily, convictions for minor or non-violent offenses should not be the only basis For reasonable suspicion;
- Whether the detainee was detained concurrently with an arrest for a crime of violence; Or whether the detainee was arrested in possession of a weapon, or in possession of Contraband such as illegal drugs;
- Information from a law enforcement database or from other reliable sources suggesting that the detainee has affiliation with terrorist organization, criminal gangs, or organized crime;
- The detainee's history during confinement, particularly of violence, or of possession of Contraband;
- The lack of identity documents, or the possession of multiple or fraudulent identify documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Clearly elaborate the factor(s) identified that necessitated the strip search: (This is required)

DETAINEE (b)(6)(b)(7)(C) WAS REMOVED FROM 2 EAST UNIT AND PLACED IN EC UNIT ON ASO STATUS PER SIU.

Name and title of staff members conducting search:

(b)(6)(b)(7)(C)

Name and title of authorizing staff member:

WATCH COMMANDER CAPTAIN (b)(6)(b)(7)(C) AND CAPTAIN (b)(6)(b)(7)(C)



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID# (b)(6)(b)(7)(C)

From: Special Investigations Unit

Date: 10/16/19

Please be advised that effective this date you have been placed on Awaiting Action Status pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

Code Number: Offense:

- 1-01 Disobeying an order...
- 1-02 Failing to maintain acceptable cleanliness ...
- 1-03 Being out of place.
- 1-04 Refusal to accept a work assignment, housing assignment or program.
- 1-05 Conduct which disrupts,...
- 1-06 Gambling ...
- 1-07 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-09 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another.
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault.
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage, ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession, ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an Inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

Please be advised that effective this date you have been placed on an Administrative Segregation Order for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below.

Pending Investigation

Your placement onto Administrative Segregation Status will be reviewed within 72 hours by Central Classification:

Signed: (b)(6)(b)(7)(C) Title: Sergeant

A copy of this notice is being provided to the above named inmate.

Staff signature: (b)(6)(b)(7)(C) Date: 10/16/19 Time: 1530

BRISTOL COUNTY SHERIFFS OFFICE

(b)(6)(b)(7)(C) Sheriff



Our Mission

We are an organization of public safety
Professionals committed to serve and
Protect the people of Bristol County

RESTRICTIVE HOUSING TRANSFER ORDER

INMATES NAME: Cherif (b)(6)(b)(7)(C)

CIN: (b)(7)(E)

TIME AND DATE OF TRANSFER: 10/16/19 @ 1902

ORIGINAL UNIT & CELL NUMBER: DHOC 2 East Unit Cell 254

NEW UNIT & CELL NUMBER: EC Unit Cell G5

WAS THE USE OF FORCE NECESSARY? (Circle) Yes **No**

AUTHORIZED BY: Captain (b)(6)(b)(7)(C) Captain (b)(6)(b)(7)(C)

TIME & DATE: 10/16/19 @ 1902 hours

REVIEWED BY:

TIME & DATE:

CHECK OFF ONCE RECEIVED:

- > INCIDENT REPORTS
- > MEDICAL REPORTS
- > D-REPORTS N/A

COMMENTS:

ICE Detainee (b)(6)(b)(7)(C) # (b)(7)(E) was removed from 2 East Unit and placed on ASO status in EC Unit per SIU.

10-16-19

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

U.S. Department of Justice
Immigration and Naturalization Service

Administrative Segregation Review

(b)(6)(b)(7)(C)

On 10/30/19 Date Supervisory Detention Enforcement Officer (SDEO) or contract equivalent

conducted a formal review of the Special housing status of

(b)(6)(b)(7)(C)

(Officer) who is presently in:

Protective Custody Status
Medical Segregation

Other Administrative Segregation

ASD

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 15 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation provided by _____

Detainee Signature: _____ Date/Time: 10/30/19 @ 09:20 AM

For the reasons _____ do not recommend removal from PC status.

SDEO signature: _____ Date/Time: 10/30/19 @ 09:20 AM

Concur with Recommendation

(b)(6)(b)(7)(C)

10/30/19
Date

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) RN

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 1915

Location of Incident: HSU

Description: On the above date and time, this nurse assessed INS Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)(b)(6)(b)(7)(C) in HSU for an initial restrictive housing assessment. He reported pain to left hand fourth finger related to playing basketball today. Detainee also reported swelling to right knee, also related to playing basketball. He denied any injuries regarding his transportation to HSU today. He denied any other concerns per protocol. Detainee presented alert, calm and cooperative with care. His vital signs were stable and his speech was clear and coherent. Swelling was noted to Detainee's knuckle of left hand, fourth finger. No other areas of concern noted. Review of EHR revealed no concerns per protocol. Detainee cleared for restrictive housing per protocol. Education on how to utilize sick slips reviewed. Motrin and education per muscle sprain protocol. (b)(6)(b)(7)(C)

Employee's Signature:

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

(b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	M	High	BOS	Strafford County HOC

- | | |
|---|--|
| <p>1. Type of Notification:</p> <p><input checked="" type="checkbox"/> 14-Day*</p> <p><input type="checkbox"/> 30-Day</p> <p><input type="checkbox"/> Other 30-Day Interval:
_____</p> | <p>2. Initial Date of Placement: <u>10/19/2019</u></p> <p>3. Date of Disciplinary Proceeding (If Applicable):
<u>10/24/2019</u></p> <p>4. Length of Disciplinary Sanction (If Applicable):
<u>23 Days</u></p> |
|---|--|

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input checked="" type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input checked="" type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: On 10/19/2019 at approximately 1338 hours, detainee, (b)(6)(b)(7)(C) while in Unit G in Strafford County House of Corrections, approached a female corrections officer and said, "do you want to suck my dick?" The officer in shock asked him what he had just said where detainee, (b)(6)(b)(7)(C) repeated himself stating "do you want to suck my dick?" Subject was then ordered to lock into his unit where he initially refused. He was ordered removed from the unit where he then tried to lock in once officers were called in for back up.

He was written up for a violation of MJ-9: *Any type of harassment (including sexual harassment), threats, or proposals of a sexual nature towards staff members or any other persons. MJ-30 Acting in a way that abuses any operation in the facility, or that disrupts or interferes with security and/or the orderly running of the facility.*

After being removed from Unit G, his cell was packed up. During this process, an officer lifted his bed mattress and found a county issued spork that had been sharpened to a point at one end and a plastic bag wrapped around the other for a handle.

ICE Review of Segregation Cases

He was subsequently written up for a violation of MJ-10: *Altering, manufacturing, or introducing any object into any area, to be used as a weapon or chemical agent, or to undermine security systems.*

6. Did the detainee request segregation?

YES NO

Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. Additional Comment: Detainee is due to be released from max status on 11/11/2019.

11. Describe the detainee's immigration history and prior criminal history, if applicable:

(b)(6)(b)(7)(C) claims to be a native and citizen of (b)(6)(b)(7)(C) who entered the country on December 6, 2011 as a B-2, visitor for pleasure. On May 22, 2012, he changed his status to

ICE Review of Segregation Cases

an F-1 and attended Morgan University in Baltimore, MD. However, the Consular Consolidated Database (CCD), SEVIS Lookup indicates that the subject F-1 visa was terminated on November 22, 2017.

Detainee, (b)(6)(b)(7)(C), has a criminal history consisting of the following charges; Disorderly Conduct, Damage to Property, Intimidation, Resisting and Officer, Trespassing, Larceny, Assault and Burglary.

(b)(6)(b)(7)(C)

12. Reviewing Supervisory Officer:

13. Date: 11/5/19

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	m	M/H	BOS	Bristol

1. **Type of Notification:**
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. **Initial Date of Placement:** _____ 10/16/2019 _____
3. **Date of Disciplinary Proceeding (If Applicable):**
_____ 10/23/2019 _____
4. **Length of Disciplinary Sanction (If Applicable):**
_____ 30 _____

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> Disciplinary</p> <p><input type="checkbox"/> Pending Investigation of Disciplinary Violation</p> <p><input type="checkbox"/> Facility Security: Violent or Disruptive Behavior</p> <p><input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction</p> <p><input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)</p> <p><input type="checkbox"/> Facility Security Threat: Other</p> <p><input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)</p> <p><input type="checkbox"/> Protective Custody: Gang Status</p> <p><input type="checkbox"/> Protective Custody: Victim of Sexual Assault</p> | <p><input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)</p> <p><input type="checkbox"/> Protective Custody: Other Special Vulnerability</p> <p><input type="checkbox"/> Protective Custody: Other</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Medical: TB or Other Infectious Diseases</p> <p><input type="checkbox"/> Medical: Disabled or Infirm</p> <p><input type="checkbox"/> Medical: Detox/Withdrawal Observation</p> <p><input type="checkbox"/> Medical: Other</p> <p><input type="checkbox"/> Hunger Strike</p> <p><input type="checkbox"/> Suicide Risk Placement</p> <p><input type="checkbox"/> Other</p> |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per Dr. (b)(6)(b)(7)(C) Florence Detention Center ICE Health Service Corps (IHSC) psychologist

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Subject refused to return to cell during fight. Also, PREA Investigation was pending.

13. Describe the detainee's immigration history and prior criminal history, if applicable:

(b)(6)(b)(7)(C) of Segregation Cases

14. R

[Redacted]

(b)(6)(b)(7)

[Redacted]

15. Date:

11/8/19

**WATCH COMMANDER COVER SHEET
USE OF FORCE**

TO: MAJOR (b)(6)(b)(7)(C)

FROM: CAPTAIN (b)(6)(b)(7)(C)

DATE & TIME: 10/16/19 1511HRS

RE: DETAINEE (b)(6)(b)(7)(C)

This cover letter is a summary for the reports that were generated and reviewed by me in regards to this incident. While assigned to Watch Commander for the Dartmouth house of correction on the 1500-2300 shift, a code blue was called that led to a use of force in 2 East unit.

Detainee (b)(6)(b)(7)(C) refused to remain in his assigned cell; after the officer attempted to quell this situation verbally he called for the area supervisor. Lieutenant (b)(6)(b)(7)(C) entered moments later and attempted to deescalate this situation. Detainee (b)(6)(b)(7)(C) became agitated and non-compliant with orders that were given by the lieutenant. Detainee (b)(6)(b)(7)(C) resisted the application of hand restraints by pulling away with clenched fists. OC was then used by the lieutenant and this detainee was brought to the ground and secured in restraints. This detainee was then escorted out of the unit by the responding officer's so he could be decontaminated from the effects of the pepper spray and checked by medical staff.

After the segregation evaluation was conducted it was deemed that this detainee be placed on a 15 min mental health watch in Health services unit. A formal D-report was issued and this detainee was placed on AA status for his actions.

(b)(6)(b)(7)(C)

*Reviewed
10/18
By Major* (b)(6)(b)(7)(C)

Captain _____
Commander

USE OF FORCE COVER LETTER

TO: CAPTAIN (b)(6)(b)(7)(C)
FROM: LIEUTENANT (b)(6)(b)(7)(C)
SUBJECT: DETAINEE (b)(6)(b)(7)(C)
DATE: OCTOBER 16, 2019
TIME: 1511 HOURS

On the above date and time I Lieutenant (b)(6)(b)(7)(C) was assigned to Zone 2 supervisor. At 1511 hours via radio communication I was asked to report to 2-East unit Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was refusing to lock-in. Upon entering 2-East unit I observed this detainee walking around the unit freely refusing to comply with the unit officers orders for him to lock-in. I spoke with Detainee (b)(6)(b)(7)(C) who was adamant that he will not lock-in, I continued to speak with this detainee in an attempt to deescalate the situation but was unsuccessful. I gave this detainee verbal commands then orders to turn around and submit to hand restraints and comply but refused all orders given. At this time I Lieutenant (b)(6)(b)(7)(C) attempted to place hand restraints on this detainee but he pulled away and began walking away from this lieutenant with his fists clenched. At this time giving verbal commands to comply I informed this detainee if he does not comply force may be used, again this detainee refused all orders.

At 1511 hours Detainee (b)(6)(b)(7)(C) was exposed to a half to one second burst of (b)(7)(E) due to this detainees actions. This detainee was immediately placed into hand-restraints. Restraints were applied firm to skin but not to impede circulation and double locked. I Lieutenant (b)(6)(b)(7)(C) hands-on escorted this detainee out of the unit. While escorting him he did again try to pull away from this lieutenant. Please be aware while escorting this detainee he was making threats towards myself and security staff stating if he saw me on the street I would be dead. This detainee continued stating derogatory comments and stating that I will see and be fired he would put a PREA on me. At this time responding officers / Officer (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) entered and assisted with the escort.

At 1517 hours Detainee (b)(6)(b)(7)(C) was brought to the RHU area EE unit where he was brought to the bottom tier shower to decontaminate. This detainee was given cool clean copious amounts of water. This detainee was able to remain in the shower for several minutes to decontaminate. At this time video camera # 2 was utilized to video record the incident that took place. At 1520 hours LPN Nurse (b)(6)(b)(7)(C) conducted her first initial check of this detainee. He presented with his eyes being able to open and close freely without difficulty and had no symptoms of respiratory distress. Detainee (b)(6)(b)(7)(C) was removed from the shower and brought to the EE unit strip cage where he was placed to submit to a strip search to ensure no contraband was on his person. At 1521 hours while being placed in to the strip cage this detainee once again refused all orders given to strip. While in the strip cage this detainee began making allegations that this lieutenant made statements that this lieutenant asked him to "suck my dick". After several minutes of ordering this detainee to comply I Lieutenant (b)(6)(b)(7)(C) contacted Watch Commander (b)(6)(b)(7)(C) requesting a second use

of force to remove this detainees clothing, Once again I approached this detainee for compliance and informing him that a second use of force was granted. At this time this detainee complied and clothing was removed. This detainee was given a clean change of clothing no contraband was found on his person.

At 1530 hours this detainee was removed from the strip cage and brought to cell # G-1 in EE unit. Restraints were removed from this detainee without incident, Nurse (b)(6)(b)(7)(C) conducted a second check on this detainee at 1533 hours, No injuries were voiced at the time of the check. All officers assigned to this move debriefed no injuries were voiced at this time.

Due to this detainees actions a formal d-report was submitted against him. Any property belonging to this detainee was inventoried all property he is allowed to have was given to him, any property of retention was placed in upper storage for safe-keep. No other issues to address at this time.

STAFF MEMBER

RESPONSIBILITIES

Lieutenant (b)(6)(b)(7)(C)	Zone Supervisor / Use of Force
Officer (b)(6)(b)(7)(C)	Upper Extremities / Hands on escort / Decon
Officer (b)(6)(b)(7)(C)	Assist hands on escort / Decon / Restraint Removal
Officer (b)(6)(b)(7)(C)	Use of digital Video # 2
LPN Nurse (b)(6)(b)(7)(C)	Intial and last nurse checks

- Brief- 1511 HRS
- Use of Force- 1511 HRS
- Decontamination Shower – 1517 HRS
- Nurse check- 1520 HRS (initial check)
- In Strip Cage- 1521HRS
- Exit Strip Cage-1530 HRS
- Nurse check - 1533 HRS (Second Check)
- Debrief- 1533 HRS
- Injury to Inmate/Staff- None

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

BRISTOL COUNTY SHERIFFS OFFICE

(b)(6)(b)(7)(C) Sheriff



Our Mission

We are an organization of public safety
Professionals committed to serve and
Protect the people of Bristol County

RESTRICTIVE HOUSING TRANSFER ORDER

INMATES NAME: **(b)(6)(b)(7)(C)**

CIN: **(b)(6)(b)(7)(C)**

TIME AND DATE OF TRANSFER: OCTOBER 16, 2019 1511 HOURS

ORIGINAL UNIT & CELL NUMBER: 2 EAST UNIT CELL 252

NEW UNIT & CELL NUMBER: EE UNIT CELL G01

WAS THE USE OF FORCE NECESSARY? (Circle) **Yes** No

AUTHORIZED BY: CAPTAIN **(b)(6)(b)(7)(C)**

TIME & DATE: OCTOBER 16TH 2019 1511 HOURS

REVIEWED BY: **(b)(6)(b)(7)(C)**

10/16 TIME & DATE: *10/21/19*

CHECK OFF ONCE RECEIVED:

- INCIDENT REPORTS
- MEDICAL REPORTS
- D-REPORTS

COMMENTS:

DETAINEE (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) WAS UNCOMPLIANT WITH STAFF
RESULTING IN A USE OF FORCE IN 2 EAST UNIT. DETAINEE (b)(6)(b)(7)(C) WAS
MOVED TO EE UNIT CELL G01 ON AA STATUS FOR DISIPLINARY
ACTIONS

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 @1511

Location of Incident: 2 East

Description:

On the above date and time I Officer (b)(6)(b)(7)(C) was assigned to 2 East Unit. Upon entering the unit Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was at the unit desk speaking with Officer (b)(6)(b)(7)(C) about his d-boards sanction that he had just received. Officer (b)(6)(b)(7)(C) and I informed detainee (b)(6)(b)(7)(C) that he received a 5 day lock in and that he was to report to his cell. Detainee (b)(6)(b)(7)(C) then stated "im not going into my cell. Im not staying locked in."

At this time Lieutenant (b)(6)(b)(7)(C) was informed of the situation via the radio to report to 2 east unit for a detainee refusing to lock in. Detainee (b)(6)(b)(7)(C) was given multiple orders to submit to hand restraints in which he refused to do so. I then radioed for the Sector C Officer to report to the unit. Detainee (b)(6)(b)(7)(C) began to run away from myself and Lt. (b)(6)(b)(7)(C) with his cane in hand. At this time Detainee (b)(6)(b)(7)(C) was exposed to OC by Lt. (b)(6)(b)(7)(C) and a use of force was activated via the radio.

This officer then proceeded to lock in the unit as the responders arrived and at this time detainee became compliant and was placed in handcuffs by Lt. (b)(6)(b)(7)(C) and escorted out of the unit.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature _____

Time Shift Supervisor Received Report and Initials: _____

As this officer conducted and round in the unit along with the responding officers a detainee got the attention of this officer and pointed out that a detainee was having difficulties breathing. This Officer approached Detainee (b)(6)(b)(7)(C) in cell 250 and he appeared to be having difficulties keeping his breath although this officer was able to speak with detainee (b)(6)(b)(7)(C) and he was able to respond. This officer then brought detainee (b)(6)(b)(7)(C) to the Mods Nurses station to be assessed by Nurse (b)(6)(b)(7)(C) I then escorted Detainee (b)(6)(b)(7)(C) to HSU for treatment. Detainee (b)(6)(b)(7)(C) was cleared to return to the unit by medical and this officer escorted him back to 2 East. No further Issues to report

(b)(6)(b)(7)(C)

Employee's Signature:

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

2022-ICLI-0001

D-REPORT NO.		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 10/16/19 (MM/DD/YY)	
D-BOARD USE ONLY				4. INMATE HOUSING UNIT: 2E	
2. INMATE NAME: (b)(6)(b)(7)(C)		3. ID NUMBER: (b)(6)(b)(7)(C)		8. TIME OF INCIDENT: 1503	
5. DIVISION/FACILITY: BCSO		6. LOCATION OF INCIDENT: Dayroom		7. DATE OF INCIDENT: 10/16/19	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
<p>On the above time and date D/T (b)(6)(b)(7)(C) is receiving a formal D-report for refusing to lock-in D/T (b)(6)(b)(7)(C) is on status from a previous D-report and was refusing to lock-in because he didn't think his sanction was fair.</p> <p>During a search of his property his I.D. bracelet was also found broken.</p>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 10-16-19	
14. SUPERVISOR REVIEW: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 11-19-19	
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
a. (b)(6)(b)(7)(C) Acting Action Status? Yes <input checked="" type="checkbox"/> Form a (b)(6)(b)(7)(C) No <input type="checkbox"/>		Already on Status <input type="checkbox"/>		Date: 10-20-19	
Watch Commander/Designee Signature: _____		Print Name: _____		Date: _____	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
a. _____ b. _____ c. _____ d. _____ e. _____					
Disciplinary Officer Signature _____		Print Name _____		Date _____	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).					
Inmate Signature _____		Print Name _____		Date _____	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.					
Disciplinary Officer/Staff Signature _____		Print Name _____		Date _____	
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature _____		Print Name _____		Date _____	



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: **(b)(6)(b)(7)(C)**

ID#: **(b)(6)(b)(7)(C)**

From: W/c

Date: 10/16/19

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the investigation or the hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

- Code Number: Offense:
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5 Conduct which disrupts,...
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12 Throwing objects, spitting... at another.
 - 1-13 Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16 Violating any department rule or regulation
 - 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25 Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
 - 1-31 Possession of any tobacco, ...
 - 1-32 Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication....
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA...
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification **(b)(6)(b)(7)(C)**

+++++

Authorized: _____ Title: Captain

A copy of this notice has been served on the above named inmate.
Staff signature: _____ date: _____ time: _____

D-REPORT NO.	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 10-16-19 (MM/DD/YY)
D-BOARD USE ONLY	2. INMATE: (b)(6)(b)(7)(C)	3. I: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2-EAST
5. DIVISION/FACILITY: SHDC	6. LOCATION OF INCIDENT: 2-EAST MAXIMUM	7. DATE OF INCIDENT: 10-16-19	8. TIME OF INCIDENT: 1511
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)			
<p>On the above date and time the above said detainee was involved in a use of force due to be non-compliant.</p> <p>This detainee refused to lock in due to being locked up when attempting to place this detainee in restraints he pulled away this exposing him to O.C and a code blue called.</p> <p>Please see incident report for further information.</p>			
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Describe: _____			
11. Was medical attention needed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Describe: Use of force			
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Describe: Code Blue (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)			
13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name (b)(6)(b)(7)(C) Date: 10-16-19			
(b)(6)(b)(7)(C) shall be reviewed by (b)(6)(b)(7)(C) Date: 10-16-19			
14. (b)(6)(b)(7)(C) REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.			
Initiating Action Status? Yes <input type="checkbox"/> Form <input type="checkbox"/> (b)(6)(b)(7)(C) No <input type="checkbox"/> Already on Status <input checked="" type="checkbox"/>			
Watch Commander/Designee Signature (b)(6)(b)(7)(C) Date: 10-16-19			
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:			
a. _____ b. _____ c. _____ d. _____ e. _____			
Disciplinary Officer Signature _____ Print Name _____ Date _____			
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:			
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.			
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.			
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).			
Inmate Signature _____ Print Name _____ Date _____			
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.			
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.			
Disciplinary Officer/Staff Signature _____ Print Name _____ Date _____			
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.			
Reviewing Authority/Designee Signature _____ Print Name _____ Date _____			

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 at 1511 hours

Location of Incident: 2 East Unit

Description: Code Blue 2 East Unit

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to 2 west Unit shift 1500-23-00 within the modular facility. At 1511 hours a code blue was activated in 2 East Unit. I Officer (b)(6)(b)(7)(C) responded, upon arrival this Officer noticed a large number of Inmates within the 2 East Unit dayroom, I proceeded to lock in all Inmates via verbal commands. Once all Inmates were locked in within the unit dorm this Officer conducted a unit round to ensure no further issues were occurring. With no further issues in the Unit, I Officer (b)(6)(b)(7)(C) then exited 2 East Unit. (b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019@ 1511 Hours

Location of Incident: DHOC 2 East Unit

Description: Code Blue 2 East Unit

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to 1 East Unit within the Modular Facility. At this time a Code Blue was called in 2 East Unit. When this Officer Arrived at 2 East Unit, Inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was in hand restraints being escorted from the unit. This Officer then assisted the other responders with locking the unit in and doing rounds. Once the unit was locked in this Officer returned to his post in 1 East unit. (b)(6)(b)(7)(C)

Employee's Signature:

(b)(6)(b)(7)(C)

Time Shift Supervisor

als:
00015

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 10/20/2019

Date and Time of Incident: 10/20/2019 1511

Location of Incident: 2 East Unit.

Description: Code Blue (use Of Force Detainee exposed to O.C.) Detainee (b)(6)(b)(7)(C)
CIN # (b)(6)(b)(7)(C)

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned as the Sector C Officer at the Dartmouth House of Corrections. At the stated time This Officer responded to 2 East in the modular units for a Code Blue Use of Force Detainee Exposed to O.C. Once this Officer arrived with EC Exercise Officer (b)(6)(b)(7)(C) and Court Yard Officer (b)(6)(b)(7)(C) (with the Camera) Detainee (b)(6)(b)(7)(C) Cin (b)(6)(b)(7)(C) was already in had restraints being escorted down the stairs to exit the Modular units Building by the Zone 2 Supervisor Lieutenant (b)(6)(b)(7)(C) At this time EC exercise assisted with the hands on escort to the RHU shower for decontamination.

Once In RHU, EE unit This Officer along with EC exercise Officer (b)(6)(b)(7)(C) assisted with the decontamination of the Detainee in order by maintaining hands on the Detainee for Lieutenant (b)(6)(b)(7)(C) to brief the current situation on camera. With hands Detainee (b)(6)(b)(7)(C) while in the EE unit Shower with cool copious amounts of water running to allow the Detainee to rinse out his eyes and face to assist in the decontamination process. Nurse (b)(6)(b)(7)(C) evaluated the Detainee after several minutes where it was determined he could be placed in the strip cage, to be checked for contraband and given clean dry clothes.

This Officer along EC exercise Officer (b)(6)(b)(7)(C) hands on escorted the Detainee to the strip cage in EE unit, once secured in the strip cage this Officer removed the hand restraints in order a through strip search to be conducted. Once the Detainee was striped searched he was given a clean pair of dry green uniforms. Detainee was then placed in hand restrains, hands on escorted to cell G1 in EE unit, once secured in the cell he was rechecked, By (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Rece _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 @ 1511 Hours

Location of Incident: DHOC/ 2 East Unit → EE Unit

Description: - Use of Force / Inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

On the above date and time, I, Officer (b)(6)(b)(7)(C) was assigned as EC Exercise Officer at the Dartmouth House of Correction from 1500 – 2300 hours.

At approximately 1511 hours, this Officer responded to 2 East Unit due to a "Code Blue, Use of Force" being activated via radio.

Upon entering 2 East Unit, this Officer had found Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was already in full restraints and ready to be escorted to EE Unit. This Officer then assisted in hands-on escorting Detainee (b)(6)(b)(7)(C) from 2 East Unit, to EE Unit, and into the EE shower for decontamination due to being sprayed with OC during the code. Once decontamination was complete LPN (b)(6)(b)(7)(C) conducted an initial check of Detainee (b)(6)(b)(7)(C) in which resulted in him being cleared to be escorted to the EE strip cage to be strip searched by Lieutenant (b)(6)(b)(7)(C)

Upon completion of the strip search of Detainee (b)(6)(b)(7)(C) this Officer then assisted in hands-on escorting Detainee (b)(6)(b)(7)(C) out of the RHU strip cage located in EE Unit and into cell G1, EE. This Officer then assisted in escorting Detainee (b)(6)(b)(7)(C) to the cell door of cell G1 for the door to be secured and then I removed the hand restraints through the meal trap of the cell door. Once this was complete, Detainee (b)(6)(b)(7)(C) was then secured in cell G1, EE Unit with no further issues to report at this time.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

2022-ICLI-0001

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 @ 1615 Hours

Location of Incident: DHOC EE Unit → HSU Unit

Description: - Escort of Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)

On the above date and time, I, Officer (b)(6)(b)(7)(C) was assigned as EC Exercise Officer at the Dartmouth House of Correction from 1500 – 2300 hours.

At approximately 1615 hours, this officer was notified by Zone 4 supervisor Lieutenant (b)(6)(b) to report to EE to complete an escort of Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) to HSU Unit on a Mental Health Watch per Mental Health.

Upon entering EE Unit, this Officer was advised that Detainee (b)(6)(b)(7)(C) had already spoken to Mental Health Staff and that Detainee (b)(6)(b)(7)(C) was ready to be escorted to HSU to be housed in HSU while he remains on a Mental Health Watch.

This Officer then placed Detainee (b)(6)(b)(7)(C) into hand restraints (firm to the skin but not to impede circulation) through the meal slot of cell G1, and hands-on escorted Detainee (b)(6)(b)(7)(C) out of the cell to be placed into leg-restraints as well (also firm to the skin but not to impede circulation). I then hands-on escorted Detainee (b)(6)(b)(7)(C) to HSU cell 4, and all restraints were removed. Then this Officer completed a systematic and thorough strip search in which no contraband was found at this time and Detainee (b)(6)(b)(7)(C) was given a ferguson-johnny and state shoes (per medical order) to wear while on the mental health watch.

At this time, this Officer made sure the cell door was secured shut. Nothing further to report at this time. Zone Supervisor notified. - (b)(6)(b)(7)(C)

Employee's Sign

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

2022-ICLI-00015

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: OFFICER (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: OCTOBER 16th 2019 1511 HOURS

Location of Incident: 2 EAST UNIT DHOC

Description: USE OF FORCE DIGITAL VIDEO CAMERA #2

On October 16th 2019, I Officer (b)(6)(b)(7)(C) was assigned to the courtyard within the Dartmouth Facility. At 1511 hours a code blue was activated in 2 East unit by zone 2 supervisor Lieutenant (b)(6)(b)(7)(C). I immediately responded to 2 east unit from the main courtyard and retrieved digital video camera #2 from central control.

Upon my arrival to 2 east I utilized digital video #2 on Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) who was being escorted out of the unit directly to EE unit bottom tier shower for a decontamination due to him being exposed to a 1/2 to 1 second burst of (b)(6)(b)(7)(C) capsicum. After this said decontamination was complete Detainee (b)(6)(b)(7)(C) was evaluated by Nurse (b)(6)(b)(7)(C) and was physically cleared for his housing placement. Detainee (b)(6)(b)(7)(C) was hands on escorted to EE unit strip cage where he was thoroughly strip searched by Lieutenant (b)(6)(b)(7)(C). Once strip search was complete he was removed from the strip cage and hands on escorted to EE unit cell G01 where a second nurse check was conducted by Nurse (b)(6)(b)(7)(C). No other issues to report. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 at 1725

Location of Incident: 2 East Unit

Description: property inventory

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to 2-East Unit and conducted an inventory of Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) property. All property was sent to EC unit that he could retain. All other property was brought to property. A broken I.D. bracelet was found in the property bag . A D-Report was issued . (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature

Time Shift Supervisor Received Report and Initials:

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 at 1725

Location of Incident: 2 East Unit

Description: property inventory

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to 2-East Unit and conducted an inventory of Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) property. All property was sent to EC unit that he could retain. All other property was brought to property. A broken I.D. bracelet was found in the property bag . A D-Report was issued . (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:
2022-ICLI-0001

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) LPN

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 1520

Location of Incident: EE

Description:

On the above date and time, this nurse assessed detainee (b)(6)(b)(7)(C) Junior # (b)(6)(b)(7)(C) after being exposed to OC. Detainee was decontaminated in the EE shower with copious amounts of cool, clean water. After several minutes of flushing his eyes, detainee was able to open and close eyes freely without difficulty and had no s/sx of respiratory distress.

(b)(6)(b)(7)(C)

Employee's Signature

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) LPN

Reporting Date: 10/16/2019

Date and Time of Incident: 10/16/2019 1533

Location of Incident: EE cell G1

Description:

On the above date and time this nurse did a wrist check on detainee (b)(6)(b)(7)(C) (b)(6) # (b)(6)(b)(7)(C) after being brought to cell G1 in EE unit. This nurse assessed detainee (b)(6)(b)(7)(C) wrists after being removed from hand restraints no redness or open areas noted. Detainee did not voice any injuries or other medical complaints at this time. (b)(6)(b)(7)(C)

Employee's Signature

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	1	BOS	Plymouth County CF

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 10/28/2019

3. Date of Disciplinary Proceeding (If Applicable):
10/30/2019

4. Length of Disciplinary Sanction (If Applicable):
8 Days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

Detainee (b)(6)(b)(7)(C) was placed in segregation for inmate misconduct and refusing housing.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

There is no indication that the detainee has been diagnosed with a mental illness, serious medical illness, or serious physical disability prior to the incident on June 28, 2019.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not: Transfer to another facility.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

On January 15, 2016 (b)(6)(b)(7)(C) was admitted to the United States at Boston, MA as an F-1 student. On December 18, 2018, (b)(6)(b)(7)(C) was encountered by ICE after it was reported that he was trespassing at Massachusetts General Hospital. On May 20, 2019 subject was issued an I-862 Notice to Appear charging him as a nonimmigrant student out of status, failure to attend. (b)(6)(b)(7)(C) is currently in immigration proceedings and his next court date is scheduled for November 26, 2019.

13. (b)(6)(b)(7)(C) officer:

14. Date: 11/13/19

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C)@bcso-ma.org>
Sent: Wednesday, December 4, 2019 3:26 PM
To: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)
Cc: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)
Subject: RE: Detainee (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C)

Good afternoon

I spoke with Detainee (b)(6)(b)(7)(C) this afternoon

She is still refusing to be housed in EB Unit. i explained that she would be in a cell by herself and it would be benefit her being in a unit where she is not closed in and can use the phone more and talk to other people. She refused and stated she does not like people and does not do well around others and stated she will fight if need be. She stated that she does well alone and just wants to be sent back to her country. Detainee did express emotional concerns about how she was forced here to America. I reached to Mental Health to talk to her tomorrow. Detainee stated that she would like to call her family. She made a call to her family member in New Hampshire at 1448. Detainee remains in RHU on ASO status

(b)(6)(b)(7)(C)
ADS of Security for Female & ICE Units
508-995-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
Cell 508-922-(b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)@bcso-ma.org

-----Original Message-----

From: (b)(6)(b)(7)(C) [mailto:(b)(6)(b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, December 04, 2019 12:23 PM
To: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)
Cc: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)
Subject: RE: Detainee (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C)

Major (b)(6)(b)(7)(C)

Please update me on (b)(6)(b)(7)(C) Seg. Status. ICE HQ is inquiring if subject is still in RHU or going back to her unit.

Thank you,

(b)(6)(b)(7)(C)

-----Original Message-----

From: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)@ice.dhs.gov>

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C)
Sent: Thursday, December 5, 2019 1:32 PM
To: (b)(6)(b)(7)(C)
Subject: RE: (b)(6)(b)(7)(C)

Good afternoon,

Mental health met with this detainee today. She denies any history of mental health treatment. She did describe a history indicative of some potential trauma but presented with linear and logical thought process. Thought content remained congruent to discussion. No acute distress noted or reported. She was receptive to supportive discussion with mental health and worksheets provided. Mental health will continue to offer supportive contacts.

Thanks,

(b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C) [mailto:(b)(6)(b)(7)(C)@ice.dhs.gov]
Sent: Thursday, December 05, 2019 1:28 PM
Subject: (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Has subject been diagnosed with any Mental Health conditions.

(b)(6)(b)(7)(C)

Thank you,

(b)(6)(b)(7)(C)

BRISTOL COUNTY SHERIFFS OFFICE

(b)(6)(b)(7)(C) Sheriff



Our Mission

We are an organization of public safety
Professionals committed to serve and
Protect the people of Bristol County

RESTRICTIVE HOUSING TRANSFER ORDER

INMATES NAME: (b)(6)(b)(7)(C) **CIN:** (b)(6)(b)(7)(C)

TIME AND DATE OF TRANSFER: 1620 hours 11/04/2019

ORIGINAL UNIT & CELL NUMBER: DHOC EB Unit G5

NEW UNIT & CELL NUMBER: DHOC EA M3

WAS THE USE OF FORCE NECESSARY? (Circle) Yes (No)

AUTHORIZED BY: Captain (b)(6)(b)(7)(C) **TIME & DATE:** 1620 hours 11/04/19

REVIEWED BY: (b)(6)(b)(7)(C) **TIME & DATE:** 0726 11/5/19

CHECK OFF ON (b)(6)(b)(7)(C)

- **INCIDENT REPORTS**
- **MEDICAL REPORTS**
- **D-REPORTS**

COMMENTS:

Detainee (b)(6)(b)(7)(C) was transferred from DHOC EB to EA Unit for D-Report received. She is already on DD Status and was escalating in behaviors to include making threatening statements, continuous arguing with others and disrupting the running of the unit.

D-REPORT NO.		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 11/4/19 (MM/DD/YY)	
D-BOARD USE ONLY				4. INMATE HOUSING UNIT: EB	
2. INMATE NAME: (b)(6)(b)(7)(C)		3. INMATE NUMBER:		4. INMATE HOUSING UNIT: EB	
5. DIVISION/FACILITY: DHUC		6. LOCATION OF INCIDENT: EB		7. DATE OF INCIDENT: 11/4/19	
				8. TIME OF INCIDENT: 1620	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
On the above date and time this officer heard yelling in the unit. Once I observed the yelling was coming from cell G5, I questioned both detainees who occupied the cell. When questioning D/T (b)(6)(b)(7)(C) she became verbally threatening to myself and her cellmate. D/T (b)(6)(b)(7)(C) was given several prompts to lower her voice and try to compose her body language. After several prompts were given D/T (b)(6)(b)(7)(C) became even more upset and stated "she would assault her cellmate and don't care about the facility or inmates in that matter." The threatening manner and yelling continued so I and the other cellmate exited the cell and Zone Supervisor was notified.					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: Officer (b)(6)(b)(7)(C)					
13. Reporting Employee Signature: _____ Print Name: (b)(6)(b)(7)(C) Date: 11/4/19					
14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (Form (b)(6)(b)(7)(C) officers shall be reviewed by Zone (b)(6)(b)(7)(C))					
Supervisor: _____ Print Name: _____ Date: 11/4/19					
15. WATCH COMMANDER REVIEW: In view of this incident, I am referring this report to the Inmate Discipline Board for further action.					
a. Inmate has been interviewed? Yes <input checked="" type="checkbox"/> Form attached <input checked="" type="checkbox"/> (b)(6)(b)(7)(C) <input type="checkbox"/> Already on Status <input checked="" type="checkbox"/>					
Watch Commander/designee Signature: _____ Print Name: _____ Date: 11-4-19					
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
a. _____ b. _____ c. _____ d. _____ e. _____					
Disciplinary Officer Signature: _____ Print Name: _____ Date: _____					
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).					
Inmate Signature: _____ Print Name: _____ Date: _____					
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.					
Disciplinary Officer/Staff Signature: _____ Print Name: _____ Date: _____					
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature: _____ Print Name: _____ Date: _____					

Original - Inmate Institutional File
Canary - Inmate

05/01/16

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Lieutenant (b)(6)(b)(7)(C)
Reporting Date: 11/4/2019
Date and Time of Incident: 11/4/2019 – 1620 hours
Location of Incident: DHOC – EB Unit
Description: RHU Transfer – Detainee (b)(6)(b)(7)(C) # (b)(6) – EB to EA M3

On the above date and time, I was posted as Zone 5 Supervisor when I was contacted by Officer (b)(6)(b)(7)(C) (EB Unit) regarding the escalating behaviors of Detainee (b)(6)(b)(7)(C) (# (b)(6)(b)(7)(C) EB G5), making threatening statements, continuous issues with other inmates, and disrupting the orderly running of the unit while already on DD Status.

I contacted Watch Commander Captain (b)(6)(b)(7)(C) and advised him on the incident. I then contacted Sector C, Officer (b)(6)(b)(7)(C), for the transfer of detainee (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) was placed into restraints by Officer (b)(6)(b)(7)(C) and escorted to Medical for an RHU Evaluation. She was seen by Nurse (b)(6)(b)(7)(C) and cleared for housing in EA Unit. Detainee (b)(6)(b)(7)(C) was then escorted to EA Unit. Officer (b)(6)(b)(7)(C) conducted a strip search of her in the EA Strip Cage with negative findings. She was then placed into EA Unit Cell M3 and restraints were removed without issues.

There were no reported issues or injuries as related to this transfer. A D-Report was written for detainee (b)(6)(b)(7)(C) actions and behaviors. Her property was collected, checked and inventoried by Officer (b)(6)(b)(7)(C). Captain (b)(6)(b)(7)(C) was updated on all events.

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 11/4/2019

Date and Time of Incident: 11/4/2019 1620

Location of Incident: DHOC EB Unit

Description: Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)
Detainee (b)(6)(b)(7)(C)

On the above date and time I Officer (b)(6)(b)(7)(C) was assigned to DHOC EB unit. At approximately 1620 this Officer and nurse (b)(6)(b)(7)(C) were conducting sick call. I then heard yelling coming from one of the cells, Nurse (b)(6)(b)(7)(C) than exited the unit so I could handle the situation at hand.

This Officer then approached cell G05 to talk to the detainees to see what was going on. Detainee (b)(6)(b)(7)(C) then started yelling in a threatening manner, stating that her cellmate and others in the unit are corrupted. I than asked if she could lower her voice and calm down so we can try to resolve the issue without yelling involved. DT (b)(6)(b)(7)(C) then stated "you can put in your report that I would like to be deported, I don't care." DT (b)(6)(b)(7)(C) was then informed that I am an officer not legal representation of any sorts. This officer then continued to give verbal instructions to (b)(6)(b)(7)(C) about her threatening tone and stance. Detainee (b)(6)(b)(7)(C) was informed that I could not understand what she was trying to get across with her loud angry tone of voice and hands flying everywhere. Detainee then started to make verbal comments stating she would assault her cellmate and don't care about this facility or country in that matter.

Since DT (b)(6)(b)(7)(C) refused several prompts to calm down I asked DT (b)(6)(b)(7)(C) to step out the cell to prevent the situation from escalating. From there I questioned DT (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) about the yelling. Detainee (b)(6)(b)(7)(C) than informed me that her cellmate was bringing back food from chow and not cleaning up after herself. (b)(6)(b)(7)(C) said she had asked (b)(6)(b)(7)(C) several times just to clean up after herself so that bugs would not enter the cell. (b)(6)(b)(7)(C) also stated then she wasn't comfortable with her being her cellmate due to all the verbal disagreements they have been having lately.

Detainee (b)(6)(b)(7)(C) was then instructed to remain in the dayroom while I notified my zone supervisor via phone about the situation at hand. Once off the phone I ask both detainees if they would be able to work the situation out and remain cellmates. Detainee (b)(6)(b)(7)(C) then started yelling again stated "I will continue to bring food back from chow into my cell I don't understand the point of throwing out good food." Detainee (b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor R _____

(b)(6)(b)(7)(C)

was then informed it was against facilities polices to bring back food from chow to one's cell. This officer tried to inform (b)(6)(b)(7)(C) about some of the procedures and rules of the facility.

DT (b)(6)(b)(7)(C) didn't want to listen to a word I was saying. She continued on yelling and threatening both I and DT (b)(6)(b)(7)(C) saying she would hit us both. DT (b)(6)(b)(7)(C) was being very verbally abusive and threatening so I and (b)(6)(b)(7)(C) exited the cell. I then called my zone supervisor and notified him that situation wasn't getting any better, and didn't feel it was safe for the two detainees to be housed in the same cell.

Detainee (b)(6)(b)(7)(C) was then escorted out the unit in hand restraints by Officer (b)(6)(b)(7)(C)

Detainee (b)(6)(b)(7)(C) property was removed from cell G05 and later inventoried by this Officer. All property that was allowed in her housing unit was sent to her.

Employee's Signature: _____ (b)(6)(b)(7)(C) _____

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C) _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 11/4/2019

Date and Time of Incident: 11/4/2019 @ 1620 hours

Location of Incident: DHOC - EB Unit – EA Unit M03

Description: Inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) EB Unit G05 → EA Unit cell M03

On the above date, this Officer was assigned to Sector C at the Dartmouth House of Corrections from 1500 – 2300 hours.

At approximately 1620 hours, this Officer received a phone call from Lieutenant (b)(6)(b)(7)(C), stating an Inmate was creating a disturbance in EB Unit and needed to be moved to EA Unit.

This Officer then headed towards EB Unit. Once arrived to EB Unit, this Officer approached cell G05. This Officer then place Inmate (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) into hand restraints and escorted her to Medical for an EA Unit evaluation. Upon arriving to Medical, Inmate (b)(6)(b)(7)(C) was evaluated by Medical staff and cleared for EA Unit.

This Officer escorted Inmate (b)(6)(b)(7)(C) to EA Unit strip cage for a strip search. After Inmate (b)(6)(b)(7)(C) was secured into the strip cage, this Officer exited the Unit so a strip search could be conducted.

Upon completion of the strip search Inmate (b)(6)(b)(7)(C) Inmate (b)(6)(b)(7)(C) was housed in EA unit cell M03. Central Control and Watch Commander were notified. Nothing further to report. (b)(6)(b)(7)(C)

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: CO (b)(6)(b)(7)(C)

Reporting Date: 11/4/2019

Date and Time of Incident: 11/4/19 1638

Location of Incident: DHOC EA Unit

Description: Strip Search Detainee (b)(6)(b)(7)(C)

On the above date I, CO (b)(6)(b)(7)(C) was assigned to EA Unit of the DHOC. At approximately 1638 Detainee (b)(6)(b)(7)(C) entered EA Unit (transferred from EB Unit for discipline). Per Lt. (b)(6)(b)(7)(C) I performed a strip search of Detainee (b)(6)(b)(7)(C) in the EA strip cage. No Contraband was found during the strip search. At the conclusion of the strip search Detainee (b)(6)(b)(7)(C) was placed into hand restraints and hands on escorted to cell M3 in EA Unit without incident. No issues to report. (b)(6)(b)(7)(C)

Employee's Signature

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 11/04/19

Date and Time of Incident: 11/04/19 1630

Location of Incident: HSU

Description: On the above date and time, this nurse did a seg evaluation on Detainee (b)(6)(b)(7)(C) CIN # (b)(6)(b)(7)(C) Detainee voices no suicidal or homicidal ideations at this time. Reports no injuries, no injuries are noted. Detainee voices no medical complaints at this time. This Detainee was instructed how to contact medical, dental, and mental health services if needed while remaining in segregation. (b)(6)(b)(7)(C)

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

To: (b)(6)(b)(7)(C)
From: (b)(6)(b)(7)(C) Title: Zone 5
Detainee: (b)(6)(b)(7)(C) A#: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do[] do not [] request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Medical Officer: _____

Admitted by: _____ Title: _____
Admitted: (Date): _____ Time: _____
Released by: _____ Title: _____
Released: (Date) _____ Time: _____

(b)(6)(b)(7)(C) *see*

D-REPORT NO. <i>11-011-19</i>		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE <i>11-2-19</i> (MM/DD/YY)	
D-BOARD USE ONLY					
2. INMATE (b)(6)(b)(7)(C)				4. INMATE HOUSING UNIT: <i>EB/g-5</i>	
5. DIVISION/FACILITY: <i>DHOC</i>		6. LOCATION OF INCIDENT: <i>EB Dayroom</i>	7. DATE OF INCIDENT: <i>11-2-19</i>	8. TIME OF INCIDENT: <i>0910</i>	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
<i>On the above date and time, while this officer was conducting medpass Detainee (b)(6)(b)(7)(C) was getting water. I asked her if she takes meds. Detainee (b)(6)(b)(7)(C) stated "NO I don't," and rolled her eyes. At this time, I told Detainee (b)(6)(b)(7)(C) that she needed to look in and return to her cell. Detainee (b)(6)(b)(7)(C) looked at this officer and said "Fuck off, you are disgusting." Detainee (b)(6)(b)(7)(C) was informed she was receiving a formal D-Report for disrespecting staff. (b)(6)(b)(7)(C)</i>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
13. Reporting Employee Signature (b)(6)(b)(7)(C)		Print Name (b)(6)(b)(7)(C)		Date: <i>11-2-19</i>	
14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-2-19</i> Date	
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
a. Inmate (b)(6)(b)(7)(C) on Status? Yes <input type="checkbox"/> Form attached <input type="checkbox"/> No <input checked="" type="checkbox"/> Already on Status <input type="checkbox"/>					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-2-2019</i> Date	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-03-19</i> Date	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-05-19</i> Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-03-19</i> Date	
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>11-5-19</i> Date	

On 11/25/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)
Date (b)(6)(b)(7)(C) (Officer)
conducted a formal review of the Special housing status of (b)(6)(b)(7)(C) who is presently in:

Protective Custody Status Other Administrative Segregation ASD
Medical Segregation

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 7 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____

Detainee Signature: refused Date/Time: 11/25/19 @ 10:30

For the reasons above, I recommend do not recommend removal from PC status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 11/25/19 @ 10:30

Concur with Recommendation
 Release

(b)(6)(b)(7)(C)
Date: 11/25/19

To: (b)(6)(b)(7)(C)
From: (b)(6)(b)(7)(C) Title: Lt
Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- _____ (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- _____ (B) Is under medical observation (medical staff must comment and sign this Order).
- _____ (C) Is pending a transfer or release within 24 hours.
- _____ (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- _____ (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my segregation.

Detainee: (b)(6)(b)(7)(C) Date: 11/19/19

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation

Detainee (b)(6)(b)(7)(C) refusing to be housed in FB refusing to sign Protective Custody refusing to be housed with (b)(6)(b)(7)(C)

Medical Officer: _____

Admitted by: _____ Title: _____
 Admitted: (Date): _____ Time: _____
 Released by: _____ Title: _____
 Released: (Date) _____ Time: _____

(b)(6)(b)(7)(C)

Administrative Segregation Review

On 12/02/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent
Date

(b)(6)(b)(7)(C)

conducted a formal review of the Special housing status of _____ (Officer) who is presently in:

(b)(6)(b)(7)(C)

Protective Custody Status []
Medical Segregation []

Other Administrative Segregation

ASO

Authorizing Supervisor: _____

Authorizing USPHS Officer (if segregation is for medical reasons): _____

Detainee has been in Administrative Segregation for 14 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. Translation into the Spanish or other language provided by _____.

Detainee Signature: refused Date/Time: 12/02/19 @ 10:00 AM

For the reasons above, I recommend do not recommend removal from PC status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 12/02/19 @ 10:00 AM

Concur with Recommendation
 Release

(b)(6)(b)(7)(C)

_____, 12/02/19
Officer in Charge Date

(b)(6)(b)(7)(C) SL

D-REPORT NO. 11-011-19 D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 11-2-19 (MM/DD/YY)	
2. INMATE (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: EB/g-5			
5. DIVISION/FACILITY: DHOC		6. LOCATION OF INCIDENT: EB Dayroom		7. DATE OF INCIDENT: 11-2-19	
				8. TIME OF INCIDENT: 0910	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
<p>On the above date and time, while this officer was conducting medpass Detainee (b)(6)(b)(7)(C) was getting water. I asked her if she takes meds. Detainee (b)(6)(b)(7)(C) stated "NO, I don't," and rolled her eyes. At this time, I told Detainee (b)(6)(b)(7)(C) that she needed to look in and return to her cell. Detainee (b)(6)(b)(7)(C) looked at this officer and said "Fuck off, you are disgusting." Detainee (b)(6)(b)(7)(C) was informed she was receiving a formal D-Report for disrespecting staff. EOR</p>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 11-2-19	
14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the watch Commander for further review and action.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-2-19	
Print Name		Date			
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
a. (b)(6)(b)(7)(C) Status? Yes <input type="checkbox"/> Form attached <input type="checkbox"/> No <input checked="" type="checkbox"/> Already on Status <input type="checkbox"/>					
Watch: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 11-2-2019	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		e. 11-03-19	
Date		Date			
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-03-19	
Print Name		Date			
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-03-19	
Date		Date			
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-03-19	
Date		Date			
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-03-19	
Date		Date			
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		11-03-19	
Date		Date			

Original - Inmate Institutional File
Canary - Inmate

05/01/16

D-REPORT NO. 11-636-19 D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 11/4/19 (MM/DD/YY)	
2. INMATE NAME: (b)(6)(b)(7)(C)		3. ID NUMBER: (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: EB	
5. DIVISION/FACILITY: PHUC		6. LOCATION OF INCIDENT: EB		7. DATE OF INCIDENT: 11/4/19	
				8. TIME OF INCIDENT: 1620	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed) <p>On the above date and time this officer heard yelling in the unit. Once I observed the yelling was coming from cell G5, I questioned both detainees who occupied the cell. When questioning D/T (b)(6)(b)(7)(C) she became verbally threatening to myself and her cellmate. D/T (b)(6)(b)(7)(C) was given several prompts to lower her voice and try to compose her body language. After several prompts were given D/T (b)(6)(b)(7)(C) became even more upset and stated "she would assault her cellmate and don't care about the facility or County in that matter." The threatening manner and yelling continued so I and the other cellmate exited the cell and Zone Supervisor was notified.</p>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: Officer (b)(6)(b)(7)(C)					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 11/4/19	
14. SUPERVISOR REVIEW: (b)(6)(b)(7)(C) and I am forwarding this report to the Watch Commander for further review and action.					
Super (b)(6)(b)(7)(C)		Print Name (b)(6)(b)(7)(C)		Date 11/4/19	
15. Watch Commander/designee Signature: (b)(6)(b)(7)(C)					
review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
a. Status? Yes <input checked="" type="checkbox"/> Form attached (b)(6)(b)(7)(C)		No <input type="checkbox"/>		Already on Status <input checked="" type="checkbox"/>	
Date 11-4-19					
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
a. (b)(6)(b)(7)(C)		b. (b)(6)(b)(7)(C)		e. _____	
Date 11-05-19					
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		Date 11-05-19	
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		Date 11-05-19	
Disciplinary Officer/Staff Signature		Print Name		Date	
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature		Print Name		Date	

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	f	2	BOS	Bristol County

- 1. Type of Notification:**
- 14-Day*
- 30-Day
- Other 30-Day Interval:

- 2. Initial Date of Placement:** 11/04/2019
- 3. Date of Disciplinary Proceeding (If Applicable):**
11/07/2019
- 4. Length of Disciplinary Sanction (If Applicable):**

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <input type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input checked="" type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Per (b)(6) (b), Florence Detention Center ICE Health Service Corps (IHSC) psychologist; Subject also had an issue in Strafford County Jail.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable: Subject wants to be by herself. Does not want to get along with other detainees.

Final order Pending T/D -

13. Reviewing Supervisory Officer:

(b)(6)(b)(7)(C)

14. Date:

12/4/15

11-22-19

(b)(6)(b)(7)(C)

U.S. Department of Justice
Immigration and Naturalization Service

Disciplinary Segregation Review

On 11/27/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent

(b)(6)(b)(7)(C)

conducted a formal review of the Disciplinary Segregation status of

(b)(6)(b)(7)(C)

Date Disciplinary Segregation began: 11-20-19

Date Disciplinary Segregation ends: 12-20-19

Detainee has been in Disciplinary Segregation for 7 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee bathing at least twice weekly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons stated above, I do not recommend removal from DS status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 11-27-19 @ 08:42 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

11-27-19
Date

mom

617-910

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Disciplinary Segregation Review

On 12/4/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent

(b)(6)(b)(7)(C)

conducted a formal review of the Disciplinary Segregation status of

Date Disciplinary Segregation began: 11-20-19

Date Disciplinary Segregation ends: 12-20-19

Detainee has been in Disciplinary Segregation for 14 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee bathing at least twice weekly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend do not recommend removal from DS status.

SDEO signature (b)(6)(b)(7)(C) Date/Time: 12/04/19 @ 08:47 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

12-04-19
Date

Mem # 617-910

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Lieutenant (b)(6)(b)(7)(C)

Reporting Date: 11/20/2019

Date and Time of Incident: 11.20.19 @ 1627

Location of Incident: Dartmouth House of Corrections 2 East

Description: Cell Searches 2 East Cells 254. 252. 245. 243 (possible drugs)

On the above date and time, I Lieutenant (b)(6)(b)(7)(C) was assigned to Zone 2 at the Dartmouth House of Corrections. While assigned to this post I was contacted by Watch Commander Captain (b)(6)(b)(7)(C) in regards to possible drugs in 2 East. I was informed that in cells (b)(6)(b)(7)(C) there could possibly be fentanyl pills.

At this time I assembled Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) to conduct cell searches of the cells in question. When we entered 2 East the unit was already locked in due to count being conducted. Once count was completed I informed 2 East Officer (b)(6)(b)(7)(C) of the situation. Officer (b)(6)(b)(7)(C) was instructed that he will be helping with strips and cell searches. Officer (b)(6)(b)(7)(C) was instructed to remain at the desk to observe all inmates and detainees that will be placed into the dayroom once cleared. Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) were instructed to conduct all strip searches in the left bathroom. One individual at a time would be sent to the bathroom by Sergeant (b)(6)(b)(7)(C) while he remained in the cell to observe the remaining individuals waiting to be strip searched. All individuals before exiting the cell were pat searched prior to entering the bathroom. One cell at a time was emptied of all inmates and detainees. I Lieutenant (b)(6)(b)(7)(C) remained in the hallway to insure that no individuals from the remaining cells exiting at any point.

Officer (b)(6)(b)(7)(C) via radio called me to the control desk. When I approached the desk Officer (b)(6)(b)(7)(C) informed me that Detainee (b)(6)(b)(7)(C) had possible drugs on his person. Officer (b)(6)(b)(7)(C) showed me a bag of white and purple pills. He stated that while conducting a pat search he found them on his person. I instructed Officer (b)(6)(b)(7)(C) to place Detainee (b)(6)(b)(7)(C) into hand restraints. Officer (b)(6)(b)(7)(C) then entered the unit to assist and I instructed him to escort Detainee (b)(6)(b)(7)(C) to Dispatch to be placed through the body scanner. Captain (b)(6)(b)(7)(C) was notified of these findings. Detainee (b)(6)(b)(7)(C) was placed onto a drug watch per SIU. Formal D-Report was issued.

Once all individuals were removed from cells, strip searched and in the dayroom the cells were searched. Officer (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) Officer, (b)(6)(b)(7)(C) Sergeant (b)(6)(b)(7)(C) conducted searched of all cells. No contraband was found excessive trash was removed. All individuals were sent back into their assigned cells. No further issues. (b)(6)(b)(7)(C)

Employee's Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: **(b)(6)(b)(7)(C)**

ID#: **(b)(6)(b)(7)(C)**

From: W/C

Date: 11/20/19

+++++

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

- Code Number: Offense:
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5** Conduct which disrupts,...
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12** Throwing objects, spitting... at another.
 - 1-13** Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16** Violating any department rule or regulation
 - 1-17** Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25** Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
 - 1-31 Possession of any tobacco, ...
 - 1-32** Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication....
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA...
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

+++++

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification.

+++++ **(b)(6)(b)(7)(C)** +++++ **(b)(6)(b)(7)(C)** +++++

Authorized: **(b)(6)(b)(7)(C)**

Title: **(b)(6)(b)(7)(C)**

A copy of this notice has been served on the above named inmate.
Staff signature: _____ date: _____ time: _____

BRISTOL COUNTY SHERIFF'S OFFICE
400 Faunce Corner Road North Dartmouth, MA 02747



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: W/C

Date: 11/20/19

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

****Watch Commander- Circle Codes below that may apply****

- Code Number: Offense:**
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5 Conduct which disrupts,...
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12 Throwing objects, spitting... at another.
 - 1-13 Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16 Violating any department rule or regulation
 - 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25 Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:**
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
 - 1-31 Possession of any tobacco, ...
 - 1-32 Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication....
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA..
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification.

Authorized: (b)(6)(b)(7)(C) Title: (b)(6)(b)(7)(C)

A copy of this notice has (b)(6)(b)(7)(C) been given to the above named inmate.
Staff signature: (b)(6)(b)(7)(C) date: 11/20/19 time: 2:05

D-REPORT NO.		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 11/20/19 (MM/DD/YY)	
D-BOARD USE ONLY				3. ID NUMBER: (b)(6)(b)(7)(C)	
2. INMATE NAME: (b)(6)(b)(7)(C)		6. LOCATION OF INCIDENT: 2 EAST		7. DATE OF INCIDENT: 11/20/19	
5. DIVISION/FACILITY: MOS				8. TIME OF INCIDENT: 1627	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed) ON ABOVE DATE AND TIME, WHILE CONDUCTING A PAT SEARCH ON DETAINEE (b)(6)(b)(7)(C) A BAG OF PILLS WAS FOUND IN A MAKE-SHIFT POCKET IN HIS SWEATPANTS. C.O.R.					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Describe: (b)(6)(b)(7)(C)					
13. Reporting Employee Signature (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 11/20/19	
I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. Disciplinary officers shall be reviewed. (b)(6)(b)(7)(C) 11-20-19 Date					
After review of this incident, I am referring this report to the Inmate Discipline Board for further action. Inmate Status? Yes <input checked="" type="checkbox"/> Form attached (b)(6)(b)(7)(C) <input type="checkbox"/> Already on Status <input type="checkbox"/> Date 11-20-19					
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations: a. _____ b. _____ c. _____ d. _____ e. _____					
Disciplinary Officer Signature		Print Name		Date	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).					
Inmate Signature		Print Name		Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.					
Disciplinary Officer/Staff Signature		Print Name		Date	
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature		Print Name		Date	

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 11/20/2019

Date and Time of Incident: 11/20/2019 @ 2115

Location of Incident: D.H.O.C.

Description: (Strip search) Detainee (b)(6)(b)(7)(C)

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to Courtyard. I was contacted by Lieutenant (b)(6)(b)(7)(C) to report to Dispatch (strip search room), upon my arrival Detainee (b)(6)(b)(7)(C) was refusing all orders from staff to be strip searched.

I Officer (b)(6)(b)(7)(C) assisted Lt. (b)(6)(b)(7)(C) I Officer (b)(6)(b)(7)(C) informed Detainee (b)(6)(b)(7)(C) of the procedures. At this time Detainee (b)(6)(b)(7)(C) was compliant and began to strip, I Officer (b)(6)(b)(7)(C) conducted a professional thorough strip search of Detainee (b)(6)(b)(7)(C) no contraband was found.

Detainee (b)(6)(b)(7)(C) was placed in an orange jump suit, and escorted to Cell M-06. Detainee (b)(6)(b)(7)(C) remains on a drug watch to further notice. (b)(6)(b)(7)(C)

Employee's Signature: (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 11/20/2019

Date and Time of Incident: 11/20/2019 @ 2110 hrs

Location of Incident: DHOC – Dispatch – Cell M6

Description: Cell Search Dispatch M6 - Drug Eyeball - Detainee (b)(6)(b)(7)(C) (CIN# (b)(6)(b)(7)(C))

At the above mentioned date and time, I Officer (b)(6)(b)(7)(C) was assigned to Dispatch at the DHOC. At this time, this officer searched Cell M6 in Dispatch due to Detainee (b)(6)(b)(7)(C) (CIN# (b)(6)(b)(7)(C)) being placed on a Drug Eyeball Watch. No contraband was found. No other issues to report at this time. End of Report.

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 11/20/2019

Date and Time of Incident: 11/20/2019 0758

Location of Incident: DHOC MODS 2 East

Description: Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) Property Inventory

On the above time and date, I Officer (b)(6)(b)(7)(C) inventoried Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) property due to being removed 2 East unit. No major contraband was found at this time. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Sergeant (b)(6)(b)(7)(C)

Reporting Date: 11/21/2019

Date and Time of Incident: 11/21/2019 at approximately 1506 hours

Location of Incident: Dispatch Cell M-06

Description: Drug Eyeball Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

On Thursday November 21, 2019 I Sergeant (b)(6)(b)(7)(C) was assigned as zone 1 supervisor on the 1500 to 2300 hour shift.

At approximately 1506 hours a strip search and cell search of cell M-06 Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) was conducted due to Detainee (b)(6)(b)(7)(C) being on a drug eyeball watch. At the completion of the cell search and strip search, no contraband was found. (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C) _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Major (b)(6)(b)(7)(C)
Reporting Date: 11-21-2019
Date and Time of Incident: 11-21-2019 0918-1032
Location of Incident: DHOC 2 East 249 & 254
Description: Cell Search Results

On the above date and time during cell searches, I discovered inmates/detainees in possession of another detainee's name and cin#. That detainee, (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was moved from 2 East unit the previous night 11/20/2019 after being found with suspected drugs.

Cell 254 - ICE Detainee (b)(6)(b)(7)(C) had (b)(6)(b)(7)(C) name and cin# on a yellow piece of paper. This was found under his mattress.

Cell 249 - (b)(6)(b)(7)(C) had (b)(6)(b)(7)(C) name and cin# on a small torn piece of white paper. Additionally, there were random phone numbers without names on separate pieces of paper. All of the loose papers found were inside a folded weekly statement (account balance) sheet belonging to inmate (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) is no longer in our custody. This was found inside (b)(6)(b)(7)(C) property tote.

The original items will be turned into SIU along with a copy of this report and a copy of the items found will be attached to the original report.

Employee's Signature: _____

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

file

D-REPORT NO. 11-193-19 D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 11/20/19 (MM/DD/YY)
--	--	---

2. INMATE NAME (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2 EAST
--	---	--

5. DIVISION/FACILITY: MODS	6. LOCATION OF INCIDENT: 2 EAST	7. DATE OF INCIDENT: 11/20/19	8. TIME OF INCIDENT: 1627
--------------------------------------	---	---	-------------------------------------

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

ON ABOVE DATE AND TIME, WHILE CONDUCTING A PAT SEARCH ON DETAINEE (b)(6)(b)(7)(C) A BAG OF PILLS WAS FOUND IN A MAKE-SHIFT POCKET IN HIS SWEATPANTS. E.O.R.

10. Was property damage caused? Yes No

Describe: _____

11. Was medical attention needed? Yes No

Describe: _____

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes No

Describe: **(b)(6)(b)(7)(C)**

13. Reporting Employee Signature: _____ Print Name: **(b)(6)(b)(7)(C)** Date: **11/20/19**

14. SUPERVISOR REVIEW: I have reviewed this form and incident reported and I am forwarding this report to the Watch Commander for further review and action. (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 11-20-19

After review of this incident, I am referring this report to the Inmate Discipline Board for further action.

on Status? Yes Form attached **(b)(6)(b)(7)(C)** Already on Status

Print Name: _____ Date: **11-20-19**

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

(b)(6)(b)(7)(C) b. **1.16** c. **1.25** d. _____ e. _____

Signature: _____ **(b)(6)(b)(7)(C)** Date: **11-23-19**

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:

a. I acknowledge receipt of this Formal Discipline Report that has been written against me.

b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.

c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the hearing.

(b)(6)(b)(7)(C) an Inmate Request **(b)(6)(b)(7)(C)**

Inmate Signature: _____ Print Name: _____ Date: **11-23-19**

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.

(b)(6)(b)(7)(C) Formal Disciplinary Report **(b)(6)(b)(7)(C)** of this form.

Signature: _____ Date: **11-23-19**

Signature: _____ Date: **11-23-19**



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/08/2019

Incident Date
12/08/2019

Incident Time
10:05

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GSE / 106 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Other Reporting Officer: (b)(6)(b)(7)(C)

On 12/8/2019, while assigned as the Zone 3 Lieutenant on the 7-3 shift, an incident took place prompting the submission of this report. At approximately 10:05hrs, I received a call from C-3 Unit Officer (b)(6)(b)(7)(C) that he may have an issue with ICE Detainee (b)(6)(b)(7)(C). Officer (b)(6)(b)(7)(C) was approached by Detainee (b)(6)(b)(7)(C) requesting to move cells, because his cellmate was a "Sex Offender." Officer (b)(6)(b)(7)(C) adhered to the request and moved Detainee (b)(6)(b)(7)(C). After this interaction, Officer (b)(6)(b)(7)(C) was approached by Detainee (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) informed Officer (b)(6)(b)(7)(C) that there might be an issue now that other Detainees in the Unit may know his charges. Officer (b)(6)(b)(7)(C) asked him if he felt he could stay in the unit, to which he replied, "Yes." Officer (b)(6)(b)(7)(C) immediately notified me of the incident. I went to C-3 to get a better understanding of what had transpired and to observe the unit. Detainee (b)(6)(b)(7)(C) was sitting at the front television when we entered the unit. He did not appear to be in any immediate danger. I exited the unit and informed the Officers to send him out to the Zone 3 hallway. approximately 10:15hrs, he was sent out of the unit. He was compliantly placed in handcuffs by Officer (b)(6)(b)(7)(C). He was escorted to the Medical Department and assessed and screened by Medical Officer (b)(6)(b)(7)(C). Detainee (b)(6)(b)(7)(C) was cleared for housing in Unit G.

I spoke with Detainee (b)(6)(b)(7)(C) in regards to issues in the unit. I informed Detainee (b)(6)(b)(7)(C) that he was not in any type of trouble, but he needed to be moved for his safety due to the knowledge of his charges in the unit. Detainee (b)(6)(b)(7)(C) stated that he understood. Detainee (b)(6)(b)(7)(C) said that his charges were known to his cellmate and he felt that he may have told other Detainees. I asked Detainee (b)(6)(b)(7)(C) if he had been threatened or assaulted by anyone while living in the unit. Detainee (b)(6)(b)(7)(C) stated that he was not assaulted or threatened in any way, but a few people suggested that he leave the unit. Detainee (b)(6)(b)(7)(C) would not state who suggested to him that he leave the unit. He said in no way was he threatened by Detainee (b)(6)(b)(7)(C) his ex-cellmate. I placed Keep separates in the OMS system between Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) but I feel that as other Detainees in Unit C-3 may know his charges, that he would have issues returning to that unit. Detainee (b)(6)(b)(7)(C) will be housed in Unit G, pending re-classification.

Officer Name

(b)(6)(b)(7)(C) _____
FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	3	BOS	Plymouth C.C.F.

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/08/2019

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input checked="" type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

(b)(6)(b)(7)(C) cellmate observed his paperwork regarding his criminal charges. Once (b)(6)(b)(7)(C) cellmate realized that (b)(6)(b)(7)(C) was a sex offender, he requested a transfer to a different cell. (b)(6)(b)(7)(C) cellmate was granted a change in housing within the same housing unit. It is believed that (b)(6)(b)(7)(C) cellmate is the source of information now that a majority of the housing unit is aware of his criminal charges. (b)(6)(b)(7)(C) claims that he was never threatened, nor does he feel that he is in danger. (b)(6)(b)(7)(C) stated that several detainees suggested that he find another housing unit but (b)(6)(b)(7)(C) would not disclose the name of those detainees. (b)(6)(b)(7)(C) was placed in Administrative Segregation/Protective Custody as a safety precaution. This decision was made by the facility Shift Commander.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Concur with facility recommendation.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

06/12/1983 – Subject inspected and admitted through New York, NY as a Lawful Permanent Resident (P22)

03/13/2009 – Subject presented himself for admission to the United States at New York, NY. The Subject was a match for a criminal warrant from Boston, MA. The Subject was paroled into the United States and turned over to New York Police officials for extradition to Boston, MA on the criminal warrant.

ARRAIGNMENT: (0007) ARG-DATE: 03/25/09 PD: BOS COURT: DORCHESTER DISTRICT DKT#:

(b)(7)(E) OFF: RAPE RAPE STATUS: C WPD: WDT: DISP: C 5/27/09 DISM TO INDICT

ARRAIGNMENT: (0008) ARG-DATE: 03/25/09 PD: BOS COURT: DORCHESTER DISTRICT DKT#:

ICE Review of Segregation Cases

0807CR005103B OFF: RAPE RAPE STATUS: C WPD: WDT: DISP: C 5/27/09 DISM TO INDICT

ARRAIGNMENT: (0009) ARG-DATE: 03/25/09 PD: BOS COURT: DORCHESTER DISTRICT DKT#:

(b)(7)(E) OFF: INDECENT A&B ON CHILD A&B IND CH STATUS: C WPD: WDT: DISP: C 5/27/09 DISM TO INDICT

ARRAIGNMENT: (0001) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: RAPE OF CHILD STATUTORY RAPE CH STATUS: C WPD: WDT: DISP: %C 7/27/10 DF WAR 2/28/13 D/R C 10/14/14 G 5-6YR MCICJ CMTD

ARRAIGNMENT: (0002) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: RAPE OF CHILD STATUTORY RAPE CH STATUS: C WPD: WDT: DISP: C 7/27/10 DF WAR 2/28/13 D/R C 10/14/14 G 5-6YR MCICJ CMTD CONC

ARRAIGNMENT: (0003) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: RAPE OF CHILD STATUTORY RAPE CH STATUS: O WPD: WDT: DISP: C 7/27/10 DF WAR 2/28/13 D/R C 10/14/14 G 5-6YR MCICJ CMTD

ARRAIGNMENT: (0004) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: ASSAULT TO RAPE CHILD ASLT RAPE STATUS: C WPD: WDT: DISP: C 7/27/10 DF WAR 2/28/13 D/R C 12/17/13 10/8/14 NP

ARRAIGNMENT: (0005) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: ASSAULT TO RAPE CHILD ASLT RAPE STATUS: C WPD: WDT: DISP: C 7/27/10 DF WAR 2/28/13 D/R C 12/17/13 10/8/14 NP

ARRAIGNMENT: (0006) ARG-DATE: 05/27/09 PD: BOS COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E) OFF: INDECENT A&B ON CHILD UND 14 A&B IND CH STATUS: O WPD: WDT: DISP: C 7/27/10 DF WAR 2/28/13 D/R C 10/14/14 G PROB 3YR F&A VWF

11/29/2019 – Subject entered ICE custody and booked into the Plymouth County Correctional Facility.

12/18/2019 – Detainee appears in Boston Immigration Court. Case continued to allow for detainee to seek counsel.

13. Reviewing Supervisory Officer:

(b)(7)(E), (b)(6)(b)(7)(C)

(A) Assistant Field Office Director

14. Date: 12/23/2019

Disciplinary Segregation Review

On 12/31/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)
conducted a formal review of the Disciplinary Segregation status of (b)(6)(b)(7)(C)
Date Disciplinary Segregation began: 12-31-19 (b)(7)(E)
Date Disciplinary Segregation ends: 01-10-20
Detainee has been in Disciplinary Segregation for 1 (20) days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee bathing at least twice weekly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend do not recommend removal from DS status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 12-31-19 @ 08:31 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

D/T moved to 2 East

(b)(6)(b)(7)(C)

12-31-19
Date

e-mail Maj.

D/+ stating he has
paper stating he is
suppose to be moved

called

401-617-

(b)(6)(b)(7)(C)

12-11-19

(b)(6)(b)(7)(C)

U.S. Department of Justice
Immigration and Naturalization Service

Disciplinary Segregation Review

On 12/18/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)

conducted a formal review of the Disciplinary Segregation status of (b)(6)(b)(7)(C)

Date Disciplinary Segregation began: 12-11-19 (b)(7)(E)

Date Disciplinary Segregation ends: 12-31-19

Detainee has been in Disciplinary Segregation for 7 days.

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the detainee pose a threat to himself?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the detainee pose a threat to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the detainee pose a threat to property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the detainee pose a threat to security?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the detainee defiant towards authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the detainee unwilling or unable to live in the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee bathing at least twice weekly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the detainee exercising at least one hour daily, 5 days a week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the detainee consuming at least one meal daily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the detainee receiving daily visits from medical staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the special housing officers signing and properly filling out the special housing unit record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend I do not recommend removal from DS status.

SDEO signature (b)(6)(b)(7)(C) Date/Time: 12-18-19 @ 08:33 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)
Date 12/18/19

(b)(6)(b)(7)(C)

girl friend 401-617-

(b)(6)(b)(7)(C)

spk w/ major + Lt.

12-11-19

(b)(6)(b)(7)(C)

U.S. Department of Justice
Immigration and Naturalization Service

Disciplinary Segregation Review

On 12/24/19 Supervisory Detention Enforcement Officer (SDEO) or contract equivalent (b)(6)(b)(7)(C)
conducted a formal review of the Disciplinary Segregation status of (b)(6)(b)(7)(C)

Date Disciplinary Segregation began: 12-11-19 (b)(7)(E)

Date Disciplinary Segregation ends: 12-31-19

Detainee has been in Disciplinary Segregation for 13 days.

The following factors were reviewed with the results as indicated:

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Does the reason for initial placement remain valid? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the detainee pose a threat to himself? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does the detainee pose a threat to others? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Does the detainee pose a threat to property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the detainee pose a threat to security? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Is the detainee defiant towards authority? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Is the detainee unwilling or unable to live in the general population? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above factors are marked "YES", the detainee must continue his/her existing status, unless the OIC determines otherwise. If all factors are marked "NO", the detainee may be released.

DOCUMENT REVIEW

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Is the detainee bathing at least twice weekly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the detainee exercising at least one hour daily, 5 days a week? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the detainee consuming at least one meal daily? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the detainee receiving daily visits from medical staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the special housing officers signing and properly filling out the special housing unit record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

A "NO" answer to any of the above questions will require notification of the Detention Operations Supervisor or officer of equal or greater rank.

For the reasons above, I recommend do not recommend removal from DS status.

SDEO signature: (b)(6)(b)(7)(C) Date/Time: 12-24-19 @ 08:10 AM

- Concur with Recommendation
- Release
- Continue Status

(b)(6)(b)(7)(C)

12-24-19
Date

(b)(6)(b)(7)(C)

401 617

(b)(6)(b)(7)(C)

ice
(b)(6)(b)(7)(C)

D-REPORT NO. 12-148-19 D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 12/20/19 (MM/DD/YY)	
2. INMATE NAME (b)(6)(b)(7)(C)		3. ID NUMBER (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: EC UNIT M2	
5. DIVISION/FACILITY: DHOC		6. LOCATION OF INCIDENT: EC UNIT M2		7. DATE OF INCIDENT: 12/20/19	
8. TIME OF INCIDENT: 2020 hrs					
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
On the above date and time, I was posted as EC Exercise when Detainee (b)(6)(b)(7)(C) was found openly masturbating during the ANNOUNCED MED PASS in EC UNIT.					
This was not seen by me, as I followed the Nurse up the stairs to D/T (b)(6)(b)(7)(C) cell. The NURSE reported that DT (b)(6)(b)(7)(C) was sitting on his bunk, unclothed from the waist down, and was actively/openly masturbating. He immediately stood up, approached the cell door and stated that he didn't want his medications at that time. He stood close to the door with his face close to the window and his body being covered by the door.					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>					
Describe: _____					
13. Reporting Employee Signature: _____		Print Name: (b)(6)(b)(7)(C)		Date: 12/20/19	
14. SUPERVISOR REVIEW: I have reviewed _____ officers shall be reviewed by (b)(6)(b)(7)(C) forwarding this report to the watch Commander for further review and action.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		12-20-19	
Signature		Print Name		Date	
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
(b)(6)(b)(7)(C)		Status? Yes <input type="checkbox"/> Form attach (b)(6)(b)(7)(C)		Already on Status <input checked="" type="checkbox"/>	
Signature		Print Name		Date	
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		12/20/19	
Signature		Print Name		Date	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		e. _____	
Signature		Print Name		Date	
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		12-21-19	
Signature		Print Name		Date	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt (b)(6)(b)(7)(C) Inmate Request (b)(6)(b)(7)(C)					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		12-21-19	
Signature		Print Name		Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		with a copy of this form.	
Signature		Print Name		Date	
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		12-21-19	
Signature		Print Name		Date	
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature		Print Name		Date	

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(b)(6)(b)(7)(C)

D-REPORT NO. <i>12-148-19</i> D-BOARD USE ONLY		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE <i>12/20/19</i> (MM/DD/YY)	
2. INMATE NAME (b)(6)(b)(7)(C)		3. ID NUMBER (b)(6)(b)(7)(C)		4. INMATE HOUSING UNIT: <i>EC UNIT M2</i>	
5. DIVISION/FACILITY: <i>DHOC</i>		6. LOCATION OF INCIDENT: <i>EC UNIT M2</i>		7. DATE OF INCIDENT: <i>12/20/19</i>	
				8. TIME OF INCIDENT: <i>2020 hrs</i>	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
<i>On the above date and time, I was posted as EC Exercise when Detainee (b)(6)(b)(7)(C) was found openly masturbating during the ANNOUNCED MED PASS in EC UNIT.</i>					
<i>This was not seen by me, as I followed the Nurse up the stairs to D/T (b)(6)(b)(7)(C) cell. The NURSE reported that D/T (b)(6)(b)(7)(C) was sitting on his bunk, unclothed from the waist down, and was actively / openly masturbating. He immediately stood up, approached the cell door and stated that he didn't want his medications at that time. He stood close to the door with his face close to the window and his body being covered by the door.</i>					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>					
Describe: (b)(6)(b)(7)(C)					
13. Reporting Employee Signature: _____		Print Name: (b)(6)(b)(7)(C)		Date: <i>12/20/19</i>	
14. SUPERVISOR REVIEW: I have reviewed this report and am forwarding this report to the Watch Commander for further review and action.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>12-20-19</i>	
Su		Date		Date	
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
(b)(6)(b)(7)(C)		Status? Yes <input type="checkbox"/> Form attached <input checked="" type="checkbox"/>		Already on Status <input checked="" type="checkbox"/>	
(b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: <i>12/20/19</i>	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		e. _____	
				<i>12-21-19</i>	
Date		Date		Date	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of this report.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>12-21-19</i>	
Inmate Sign		Date		Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
(b)(6)(b)(7)(C)		(b)(6)(b)(7)(C)		<i>12-21-19</i>	
Date		Date		Date	
19. Reviewing Authority/Designee Signature _____					
				<i>12-30-19</i>	
				Date	

D-REPORT NO.		BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)		1. REPORT DATE 12/11/19 (MM/DD/YY)	
D-BOARD USE ONLY				4. INMATE HOUSING UNIT: 2E 241	
2. INMATE NAME: (b)(6)(b)(7)(C)		3. ID NUMBER: (b)(6)(b)(7)(C)		8. TIME OF INCIDENT: 1933	
5. DIVISION/FACILITY: D70C		6. LOCATION OF INCIDENT: 2 EAST DAYROOM		7. DATE OF INCIDENT: 12/11/19	
9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)					
ON THE ABOVE DATE AND TIME DETAINEE (b)(6)(b)(7)(C) ENTERED THE DAYROOM IN AN AGGRESSIVE MANNER TOWARDS THIS OFFICER. UPON REACHING THE DESK D/F (b)(6)(b)(7)(C) THEN BEGAN THREATENING THIS OFFICER "STATING WERE GOING TO GET YOU OUT OF HERE IM DONE WITH YOU!" AT THIS TIME DETAINEE HAD TO RESIST D/F (b)(6)(b)(7)(C) FROM COMING TOWARDS THIS OFFICER. THIS DETAINEE THEN TURNED TO THE OTHERS IN AN ATTEMPT TO INCITE THE ULET "STATING LETS GET HIM OUT OF HERE EVERYBODY WRITE GRIEVANCES"					
10. Was property damage caused? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
11. Was medical attention needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Describe: _____					
12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Describe: SUPERVISOR & RESPONDERS TO REMOVE TO HIGHER SECURITY					
13. Reporting Employee Signature: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 12/11/19	
(b)(6)(b)(7)(C) I certify that the incident reported and I am forwarding this report to the Watch Commander for further review and action. I shall be reviewed by (b)(6)(b)(7)(C) 12.11.19					
15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.					
(b)(6)(b)(7)(C) Inmate Status?		Yes <input checked="" type="checkbox"/> Form attached (b)(6)(b)(7)(C)		Already on Status <input type="checkbox"/>	
Signature: (b)(6)(b)(7)(C)		Print Name: (b)(6)(b)(7)(C)		Date: 12/11/19	
16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:					
a. _____ b. _____ c. _____ d. _____ e. _____					
Disciplinary Officer Signature		Print Name		Date	
17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:					
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.					
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.					
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).					
Inmate Signature		Print Name		Date	
18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.					
a. <input type="checkbox"/> Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.					
Disciplinary Officer/Staff Signature		Print Name		Date	
19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.					
Reviewing Authority/Designee Signature		Print Name		Date	

To: (b)(6)(b)(7)(C)

From: (b)(6)(b)(7)(C) Title: Watch Commander

Detainee: (b)(6)(b)(7)(C)

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection. I do do not request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

Medical Officer: _____

Admitted by: _____

Title: _____

Admitted: (Date): _____

Time: _____

Released by: _____

Title: _____

Released: (Date) _____

Time: _____

BRISTOL COUNTY SHERIFF'S OFFICE
400 Faunce Corner Road North Dartmouth, MA 02747



**Notice of Placement into
Awaiting Action or Administrative Segregation Order Status**

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: W/C

Date: 12-11-19

Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

Code Number: Offense:

- 1-1 Disobeying an order...
- 1-2 Failing to maintain acceptable cleanliness ...
- 1-3 Being out of place.
- 1-4 Refusal to accept a work assignment, housing assignment or program.
- 1-5 Conduct which disrupts...
- 1-6 Gambling ...
- 1-7 Misuse of issued supplies, goods, services, or property.
- 1-08 Horseplay ...
- 1-9 Lost Inmate ID cards.
- 1-10 Use of obscene, or threatening gestures
- 1-11 Possession of any material that depicts sexually explicit acts
- 1-12 Throwing objects, spitting... at another.
- 1-13 Possession of items not authorized for retention
- 1-14 Being tattooed while incarcerated, tattooing another
- 1-15 Violating library procedures
- 1-16 Violating any department rule or regulation
- 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
- 1-18 Conspiring with another person to commit any of the above offenses
- 1-19 Killing.
- 1-20 Assaulting or threatening to assault
- 1-21 Fighting with or threatening another person
- 1-22 Sexual assault on a staff member, another inmate or visitor.
- 1-23 Engaging in sexual acts
- 1-24 Escape, attempted escape or possession of escape tools.
- 1-25 Use of any narcotic, controlled substance, illegal drug, ...
- 1-26 Use of intoxicants and alcohol

Code Number: Offense:

- 1-27 Participation in or encouraging a riot, work stoppage ...
- 1-28 Taking or holding any person hostage.
- 1-29 Making a bomb threat
- 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
- 1-31 Possession of any tobacco, ...
- 1-32 Interfering with staff members in the performance of their duties.
- 1-33 Causing injury to another person
- 1-34 Setting fire or making a false fire alarm.
- 1-35 Vandalizing county property ...
- 1-36 Threatening to vandalize county property...
- 1-37 Unauthorized possession of property
- 1-38 Theft of property or possession of stolen property ...
- 1-39 Tampering with any locking or security device
- 1-40 Unauthorized accumulation of prescribed medication....
- 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
- 1-42 Refusing or failing to submit to testing such as DNA...
- 1-43 Failing to comply with count procedures
- 1-44 Possession ...of unauthorized keys.
- 1-45 Counterfeiting of any document, ...
- 1-46 Giving, selling, borrowing, lending or trading to another inmate
- 1-47 Giving, receiving or offering any staff member a bribe
- 1-48 Receiving, accepting or obtaining goods by fraud
- 1-49 Demanding or receiving money or anything of value ...
- 1-50 Wearing or displaying colors / STG
- 1-51 Abusing telephone privileges
- 1-52 Using another inmate's PIN
- 1-53 Defacing an inmate ID number affixed to inmate property
- 1-54 Violating law library procedures

Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Class (b)(6)(b)(7)(C)

Authorized: (b)(6)(b)(7)(C) Title: Captain

A copy of this notice (b)(6)(b)(7)(C) above named inmate.

Staff signature: (b)(6)(b)(7)(C) date: 12/11/19 time: 2025

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Officer (b)(6)(b)(7)(C)

Reporting Date: 12/11/2019

Date and Time of Incident: 12/11/2019 1945 Hours

Location of Incident: 2 East, DHOC

Description: Detainee (b)(6)(b)(7)(C), 2 East → Dispatch

On the above date and time, I Officer (b)(6)(b)(7)(C) was assigned to the post of Courtyard Officer within the DHOC. At this time Zone 2 Supervisor, Lieutenant (b)(6)(b)(7)(C) asked me to report to 2 East unit.

When I arrived in 2 East, Lt. (b)(6)(b)(7)(C) informed me that 2 Detainees would be removed from the Unit due to disciplinary reasons. I then reported to cell #141 where Detainee (b)(6)(b)(7)(C) was present.

Detainee (b)(6)(b)(7)(C) was approached and secured in hand restraints. Restraints were applied on the wrists behind the back, firm to the skin but not to impede circulation. Detainee (b)(6)(b)(7)(C) was then removed from 2 East.

Detainee (b)(6)(b)(7)(C) was then hands on escorted to the Dispatch area. Once in Dispatch, Detainee (b)(6)(b)(7)(C) was secured into cell M04. He remained secured in this cell until housing was made available. The escort was then taken over by Lt. (b)(6)(b)(7)(C)

No other major issues to report at this time. (b)(6)(b)(7)(C)

Employee's Signature _____

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 12/11/2019

Date and Time of Incident: 12/11/2019

Location of Incident: Medical to RHU (EC)

Description: Escort Of Detainee (b)(6)(b)(7)(C) Cin (b)(6)(b)(7)(C)

On the date and time I Officer (b)(6)(b)(7)(C) was assigned as the Sector C Officer at the Datmouth House of correction. At the stated time This Officer hands on escorted Detainee (b)(6)(b)(7)(C) From Medical to RHU.

.Once In the RHU trap This Officer brought Detain (b)(6)(b)(7)(C) Into the EE unit strip cage and conducted a thorough strip search to clear him from any contraband.. Inmate was then hands on escorted to EC Unit to be housed for disciplinary reasons. (b)(6)(b)(7)(C)

11/11

(b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: _____

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C) RN

Reporting Date: 12/11/2019

Date and Time of Incident: 12/11/2019 2100

Location of Incident: HSU

Description: On the above date and time, this nurse assessed INS Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) in HSU for an initial RHU assessment. He reported swelling to left leg for the past couple of weeks after he injured it. When asked about bruising behind right knee, Detainee reported it occurred while he was exercising three to four days ago. He denied any concerns per protocol or new injuries. His vital signs were assessed. He presented alert, oriented, calm and cooperative with care. His speech was clear and coherent. Detainee's skin appeared warm, dry, pink and intact with posterior right knee red and bruised. Left leg presented with swelling, preexisting. No other areas of concern noted. Detainee ambulated well independently with a steady gait. Review of EHR revealed active concerns per protocol and a bottom bunk pass. Detainee referred to onsite mental health clinician Ann for further assessment per protocol and educated how to contact medical, dental and mental health via sick slip if needed. (b)(6)(b)(7)(C)

Employee's Signature: _____

Time Shift Supervisor Received Report and Initials: _____

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 12/14/19 1800

Date and Time of Incident: 12/14/19 1800

Location of Incident: 2E1050

Description: (b)(6)(b)(7)(C)

On the above date and time
(b)(6)(b)(7)(C) property was searched
and inventory. all property was
separated. All items the cross were
to RHH and the rest to property
sent by spc. (b)(6)(b)(7)(C) to property.
(b)(6)(b)(7)(C)

[Handwritten signature]

Employee's Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials: (b)(6)(b)(7)(C)

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: Lt. (b)(6)(b)(7)(C)

Reporting Date: 12-11-2019

Date and Time of Incident: 12-11-2019 1940 hours

Location of Incident: Dartmouth House of Correction: Mods 2-East >>>EC

Description: Supervisors Report; Detainee (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) attempting to incite unit

On the above date and time I Lt. (b)(6)(b)(7)(C) was assigned to Zone 2 supervisor. At 1940 hours I Lt. (b)(6)(b)(7)(C) was called to 2-East unit due to inmates/Detainees being unruly. As I entered I was informed that Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were refusing to comply with the rules and regulations set forth by this department. Both detainees were placed into restraints and removed from the unit. Both detainees were brought to medical where they received a segregation evaluation by Nurse (b)(6)(b)(7)(C) and cleared. These detainees were brought to EE unit where they submitted a strip search, No contraband was on their person at this time, these detainees were placed in EC unit M-2 without incident. For these detainees actions a formal d-report was submitted against them. All property belonging to these detainees were inventoried any property of retention were placed in upper storage for safe-keep Watch Commander Captain (b)(6)(b)(7)(C) was informed of the incident. No other issues to address at this time.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature

Time Shift Supervisor Received Report and Initials:

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 12/11/2019

Date and Time of Incident: 12/11/2019

Location of Incident: 2 East Unit

Description:

On the above date and time I Officer (b)(6)(b)(7)(C) was assigned to 2 East Unit. At 1932 a round was conducted and inmate (b)(6)(b)(7)(C) inmate (b)(6)(b)(7)(C) and detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) were found out of place in cell 244. All were informed that they would be receiving informal d-reports for being out of place. At this time Detainee (b)(6)(b)(7)(C) approached the desk and became argumentative with this officer and stated that he was going to put a grievance in on this officer because he is allowed to cook in other people's cells and that he does this every day. This officer then ordered detainee (b)(6)(b)(7)(C) to leave the unit desk and he did.

Detainee (b)(6)(b)(7)(C) then returned to the dayroom joined by detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) in an attempt to incite the unit. Detainee (b)(6)(b)(7)(C) approached this officer in an aggressive manner yelling "you don't feed us right. You're messing with us over our food. We're gonna get you out of here. You gotta go, were gonna put grievances on you and get you out of here."

At this time Lieutenant (b)(6)(b)(7)(C) was called to report to the unit for inmates causing a disturbance. The unit was then ordered to lock in. As the Lieutenant and the responders arrived to the unit inmate (b)(6)(b)(7)(C) was being disruptive while locking in and was removed from the (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) were removed from the unit.

Employee's Signa

Time Shift Superv

d Initials:

Bristol County Sheriff's Office

INCIDENT REPORT FORM

Reporting Employee: (b)(6)(b)(7)(C)

Reporting Date: 12/11/2019

Date and Time of Incident 12/11/2019 1933

Location of Incident: 2 East Day Room

Description:

On the above date and time I, Officer (b)(6)(b)(7)(C) was assigned to the 2 East. Officer (b)(6)(b)(7)(C) came to the unit Control desk and stated D/T (b)(6)(b)(7)(C) Inmate (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) Inmate (b)(6)(b)(7)(C) was receiving informal d-reports for being out of place in cell 244.

Detainee (b)(6)(b)(7)(C) started to become argumentive towards Officer (b)(6)(b)(7)(C) and came with Detainee (b)(6)(b)(7)(C) to the desk where both detainees stated that Officer (b)(6)(b)(7)(C) can't stay in this unit and they are going to write grievances on him. Detainee (b)(6)(b)(7)(C) stated that you are messing with our lives over food. Detainee (b)(6)(b)(7)(C) and Detainee (b)(6)(b)(7)(C) was spoken to by myself and comply to return to there cells and the unit was inform to lock-in.

Lt. (b)(6)(b)(7)(C) enter the unit 2east unit due to both detainees causing a disturbance in the unit and where removed

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Employee's Signature:

(b)(6)(b)(7)(C)

Time Shift Supervisor Received Report and Initials:

D-REPORT NO. 12-080-19 D-BOARD USE ONLY BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY) 1. REPORT DATE 12/11/19 (MM/DD/YY)

2. INMATE NAME (b)(6)(b)(7)(C) 3. ID NUMBER: (b)(6)(b)(7)(C) 4. INMATE HOUSING UNIT: 2E 241

5. DIVISION/FACILITY: DIAOC 6. LOCATION OF INCIDENT: 2 EAST DAYROOM 7. DATE OF INCIDENT: 12/11/19 8. TIME OF INCIDENT: 1933

9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed) ON THE ABOVE DATE AND TIME DETAINEE (b)(6)(b)(7)(C) ENTERED THE DAYROOM IN AN AGGRESSIVE MANNER TOWARDS THIS OFFICER. UPON REACHING THE DESK D/T (b)(6)(b)(7)(C) THEN BEGAN THREATENING THIS OFFICER "STATING WE'RE GOING TO GET YOU OUT OF HERE IN DONE WITH YOU!!" AT THIS TIME DETAINEES HAD TO REINSTATE D/T (b)(6)(b)(7)(C) FROM COMING TOWARDS THIS OFFICER. THIS DETAINEE THEN TURNED TO THE OFFICERS IN AN ATTEMPT TO INCITE THE UNIT "STATING LETS GET HIM OUT OF HERE EVERYBODY WRITE GRIEVANCES"

10. Was property damage caused? Yes [] No [X] Describe: _____

11. Was medical attention needed? Yes [] No [X] Describe: _____

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes [X] No [] Describe: SUPERVISOR & RESPONDERS TO REMOVE TO HIGHER SECURITY

13. Reporting Employee Signature: (b)(6)(b)(7)(C) Print Name: (b)(6)(b)(7)(C) Date: 12/11/19

(b)(6)(b)(7)(C) shall be reviewed by (b)(6)(b)(7)(C) for further review and action. Date: 12.11.19

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action. (b)(6)(b)(7)(C) Status? Yes [X] Form attached (b)(6)(b)(7)(C) Already on Status []

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:

a. _____ b. _____ c. _____ d. _____ e. _____

Disciplinary Officer Signature _____ Print Name _____ Date _____

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT: a. I acknowledge receipt of this Formal Discipline Report that has been written against me. b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing. c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the receipt of the Form. (Inmate must request an Inmate Request Form from Disciplinary Officer).

Inmate Signature _____ Print Name _____ Date _____

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report. a. [] Inmate refused to sign Inmate Receipt of Formal Disciplinary Report (Section 17 above) but was served with a copy of this form.

Disciplinary Officer/Staff Signature _____ Print Name _____ Date _____

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed. Reviewing Authority/Designee Signature _____ Print Name _____ Date _____



Notice of Placement into

Awaiting Action or Administrative Segregation Order Status

Inmate: (b)(6)(b)(7)(C)

ID#: (b)(6)(b)(7)(C)

From: W/C

Date: 12-11-19

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Please be advised that effective this date you have been placed on **Awaiting Action Status** pending the Investigation or the Hearing on a possible disciplinary offense as described below. Your placement onto AA status will be reviewed within 72 hours.

Watch Commander- Circle Codes below that may apply

- Code Number: Offense:
- 1-1 Disobeying an order...
 - 1-2 Failing to maintain acceptable cleanliness ...
 - 1-3 Being out of place.
 - 1-4 Refusal to accept a work assignment, housing assignment or program.
 - 1-5 Conduct which disrupts,...
 - 1-6 Gambling ...
 - 1-7 Misuse of issued supplies, goods, services, or property.
 - 1-08 Horseplay ...
 - 1-9 Lost Inmate ID cards.
 - 1-10 Use of obscene, or threatening gestures
 - 1-11 Possession of any material that depicts sexually explicit acts
 - 1-12 Throwing objects, spitting... at another.
 - 1-13 Possession of items not authorized for retention
 - 1-14 Being tattooed while incarcerated, tattooing another
 - 1-15 Violating library procedures
 - 1-16 Violating any department rule or regulation
 - 1-17 Violation any law of the Commonwealth of Massachusetts or the United States.
 - 1-18 Conspiring with another person to commit any of the above offenses
 - 1-19 Killing.
 - 1-20 Assaulting or threatening to assault
 - 1-21 Fighting with or threatening another person
 - 1-22 Sexual assault on a staff member, another inmate or visitor.
 - 1-23 Engaging in sexual acts
 - 1-24 Escape, attempted escape or possession of escape tools.
 - 1-25 Use of any narcotic, controlled substance, illegal drug, ...
 - 1-26 Use of intoxicants and alcohol

- Code Number: Offense:
- 1-27 Participation in or encouraging a riot, work stoppage ...
 - 1-28 Taking or holding any person hostage.
 - 1-29 Making a bomb threat
 - 1-30 Possession of a weapon, ammunition, sharpened instrument, ...
 - 1-31 Possession of any tobacco, ...
 - 1-32 Interfering with staff members in the performance of their duties.
 - 1-33 Causing injury to another person
 - 1-34 Setting fire or making a false fire alarm.
 - 1-35 Vandalizing county property ...
 - 1-36 Threatening to vandalize county property...
 - 1-37 Unauthorized possession of property
 - 1-38 Theft of property or possession of stolen property ...
 - 1-39 Tampering with any locking or security device
 - 1-40 Unauthorized accumulation of prescribed medication....
 - 1-41 Refusing to submit to a urinalysis, breathalyzer, ...
 - 1-42 Refusing or failing to submit to testing such as DNA...
 - 1-43 Failing to comply with count procedures
 - 1-44 Possession ...of unauthorized keys.
 - 1-45 Counterfeiting of any document, ...
 - 1-46 Giving, selling, borrowing, lending or trading to another inmate
 - 1-47 Giving, receiving or offering any staff member a bribe
 - 1-48 Receiving, accepting or obtaining goods by fraud
 - 1-49 Demanding or receiving money or anything of value ...
 - 1-50 Wearing or displaying colors / STG
 - 1-51 Abusing telephone privileges
 - 1-52 Using another inmate's PIN
 - 1-53 Defacing an inmate ID number affixed to inmate property
 - 1-54 Violating law library procedures

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Please be advised that effective this date you have been placed on an **Administrative Segregation Order** for the safety of yourself, other inmates, or the Security and orderly running of the institution and / or for other reasons as described below:

Your placement onto Administrative Segregation Order status will be reviewed within the next 72 hours by central Classification (b)(6)(b)(7)(C)

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Authorized: (b)(6)(b)(7)(C) Title: Captain

A copy of this notice is being provided to the above named inmate.
Staff signature: (b)(6)(b)(7)(C) date: 12/11/19 time: 2025

D-REPORT NO. 12-080-19 D-BOARD USE ONLY	BCSO FORMAL DISCIPLINARY REPORT (FOR USE WITH MAJOR OFFENSES ONLY)	1. REPORT DATE 12/11/19 (MM/DD/YY)
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2. INMATE NAME: (b)(6)(b)(7)(C)	3. ID NUMBER: (b)(6)(b)(7)(C)	4. INMATE HOUSING UNIT: 2E 241
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5. DIVISION/FACILITY: D170C	6. LOCATION OF INCIDENT: 2 EAST DAYROOM	7. DATE OF INCIDENT: 12/11/19	8. TIME OF INCIDENT: 1933
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9. Description of Offense: (Describe event in detail, including inmates involved, what transpired, unusual inmate behavior, staff or other witnesses, property damage, if any, disposition of any evidence, etc.) (Use and attach additional D-Report form(s) if more space is needed)

ON THE ABOVE DATE AND TIME DETAINEE (b)(6)(b)(7)(C) ENTERED THE DAYROOM IN AN AGGRESSIVE MANNER TOWARDS THIS OFFICER. UPON REACHING THE DESK D/F (b)(6)(b)(7)(C) THEN BEGAN THREATENING THIS OFFICER "STATING WERE GOING TO GET YOU OUT OF HERE IM DONE WITH YOU." AT THIS TIME DETAINERS HAD TO RESTRAIN D/F (b)(6)(b)(7)(C) FROM COMING TOWARDS THIS OFFICER. THIS DETAINEE THEN TURNED TO THE OTHERS IN AN ATTEMPT TO INCITE THE UNIT "STATING LETS GET HIM OUT OF HERE EVERYBODY WRITE GRIEVANCES"

10. Was property damage caused? Yes No
Describe: _____

11. Was medical attention needed? Yes No
Describe: _____

12. Was additional/emergency assistance required? (i.e. Security, SRT, etc.) Yes No
Describe: **SUPERVISOR & RESPONDERS TO REMOVE TO HIGHER SECURITY**

13. Reporting Employee Signature: **(b)(6)(b)(7)(C)** Print Name: **(b)(6)(b)(7)(C)** Date: **12/11/19**

(b)(6)(b)(7)(C) and incident reporter shall be reviewed by **(b)(6)(b)(7)(C)** for further review and action. Date: **12-11-19**

15. WATCH COMMANDER REVIEW: After review of this incident, I am referring this report to the Inmate Discipline Board for further action.
(b)(6)(b)(7)(C) Status? Yes Form attached **(b)(6)(b)(7)(C)** Already on Status
Signature: _____ Print Name: _____ Date: **12/11/19**

16. D-BOARD: TO INMATE: You have been charged with the following Offense(s) Codes Violations:
(b)(6)(b)(7)(C) b. **1.10** **(b)(6)(b)(7)(C)** e. _____
Disciplinary Officer Signature: _____ Date: **12-13-19**

17. INMATE RECEIPT OF FORMAL DISCIPLINARY REPORT:
a. I acknowledge receipt of this Formal Discipline Report that has been written against me.
b. I understand that a hearing will be scheduled not less than 7 days from this date and time, excluding weekends and holidays and/or other appropriately documented time delays, and that I shall be given notice of the hearing at least 24 hours in advance of the hearing.
c. I acknowledge that I have the right to call witnesses to my hearing and must submit a Request to Call Witness Form within 24 hours of the hearing.
(b)(6)(b)(7)(C) must request an Inmate Request **(b)(6)(b)(7)(C)**
Inmate Signature: _____ Print Name: _____ Date: **12-13-19**

18. DISCIPLINARY OFFICER/STAFF: Inmate has been provided with a copy of this Formal Disciplinary Report.
(b)(6)(b)(7)(C) sign Inmate Receipt of Formal Discipline Report **(b)(6)(b)(7)(C)** provided with a copy of this form.
Signature: _____ Print Name: _____ Date: **12-13-19**

19. REVIEWING AUTHORITY: Formal Disciplinary matter and resolution have been reviewed.
Reviewing Authority/Designee Signature: _____ Print Name: _____ Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for conduct which disrupts during a group demonstration/refusing housing.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

***While conducting the 14 day review it was brought to our attention by the medical unit that this detainee is being treated for: Anxiety disorder, depressive disorder, substance use disorder in remission, trauma and stressor related disorder. This is now a special vulnerabilities case.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

Detainee is receiving daily contact with MH while in segregation. ICE concurs with the facility's recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

07-03-2001: Entered the U.S. as a Refugee under (b)(6) (b)(7)

08-19-2010: Issued a Notice to Appear

10-05-2010: IJ ordered removal; held in ICE custody

12-13-2010: Released OSUP - ICE unable to obtain travel document

11-07-2017: OSUP cancelled (revoked) by ERO and Subject taken into custody

05-15-2018: Subject released on OSUP/ATD

ICE Review of Segregation Cases

03-28-2019: IJ granted MTR
11/05/2019: Subject taken into custody
Next EOIR: 1/23/2020

CRIMINAL HISTORY: Subject has an extensive criminal history and some of his conviction happened while he was released in an Order of Supervision by ICE.

08/19/2010: Robbery-Street-Strong arm
03/04/2005: Disorderly Conduct, Convicted
03/04/2005: Resisting Officer, Convicted
09/29/2006: Obstruct Police, Convicted and sentence 6 months
09/29/2006: Making False Report, Convicted and sentence 6 months
11/27/2007: Robbery-Street-Weapon, Dismissed
06/21/2008: Robbery-Street-Weapon, Convicted and sentence to 6 years
01/28/2011: Larceny, Convicted and sentence to 12 months
01/25/2016: Forgery 2 counts, Convicted and sentence to 12 months
01/27/2016: Forgery, Convicted and sentence to 12 months
08/21/2015: Larceny, Convicted and sentence to 12 months
01/28/2016: Larceny, Convicted and sentence to 12 months
06/05/2017: Drug Possession, Dropped

13. Reviewing Supervisor (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
Assistant Field

14. Date: 1/8/20



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/25/2019 Incident Date 12/24/2019 Incident Time 22:10
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: BOOK / 123 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Participant

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 14D - Participate/encourage demonstration, 01D - Refusing a housing assignment, 08 - Conduct which disrupts.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

On Tuesday, December 24, 2019 an incident occurred while assigned as the Unit G Lieutenant for the 15:00-23:00 shift which necessitated the submission of this report. After C3 was locked down following a group demonstration (See informational report) I heard loud banging coming from cell 405 at approximately 22:10 so I went over with Officers (b)(6)(b)(7)(C) to assess the situation. When I reached the cell I saw ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) standing at his door stating "Get me out of here I'm refusing housing." I ordered the detainee to face away and place his hands behind his back and he complied at which time I keyed the cell door open and Officer (b)(6)(b)(7)(C) applied handcuffs which were then double locked. Detainee (b)(6)(b)(7)(C) was then escorted to the booking department and placed on a mental health watch (See informational report). Later on in the night Lieutenant (b)(6)(b)(7)(C) reviewed the camera footage of the above mentioned demonstration in C3 and informed me that detainee (b)(6)(b)(7)(C) appeared to be one of the primary instigators in the demonstration. Lt. (b)(6)(b)(7)(C) went on to tell me that (b)(6)(b)(7)(C) was one of the most vocal detainees and seemed to be encouraging others to refuse to lock into their cells.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
12/25/2019	12/24/2019	22:10
Booking Number: (b)(6)(b)(7)(C)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Participant

Housing Location: BOOK / 123 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature _____

Date: _____



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i>	<i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input type="checkbox"/> Pending Disciplinary Review / Action <input checked="" type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input type="checkbox"/> Unit G <input checked="" type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: MENTAL HEALTH WATCH STATUS

2) Medical Officer (b)(6)(b)(7)(C) was notified at 2200 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

There are existing medical issues requiring address, listed as follows: (b)(6)(b)(7)(C)

Comments: _____

Shift Commander: ADS (b)(6)(b)(7)(C) Signature: _____

Date: December 24, 2019 Time: 2200

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/20/19 Time: 0755 am pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: _____

A printed copy of this form _____ placement in segregation.



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/25/2019

Incident Date
12/24/2019

Incident Time
22:10

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: BOOK / 123 / 1

Persons Involved: (b)(6)(b)(7)(C)

Report Subject: Mental Health Reporting Officer: (b)(6)(b)(7)(C)

On Tuesday, December 24, 2019 an incident occurred while assigned as the Unit G Lieutenant for the 15:00-23:00 shift which necessitated the submission of this report. After C3 was locked down following a group demonstration (See informational report) I heard loud banging coming from cell 405 at approximately 22:10 so I went over with Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) to assess the situation. When I reached the cell I saw ICE Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) standing at his door stating "Get me out of here I'm refusing housing." I ordered the detainee to face away and place his hands behind his back and he complied at which time I keyed the cell door open and Officer (b)(6)(b)(7)(C) applied handcuffs which were then double locked. As we were escorting the detainee out of his cell he slammed his head into the cell door with a large amount of force so I instructed Officer (b)(6)(b)(7)(C) to assist Officer (b)(6)(b)(7)(C) and conduct a double escort. A spit shield was then placed on the detainees face at my direction in order to protect staff from his unpredictable behavior. I asked (b)(6)(b)(7)(C) why he would hit his head and he stated "I can't take being in here anymore". I next asked him if he wanted to harm himself and just remained silent. Concerned for the detainees mental health I made the decision that he would be placed on a mental health watch for his own safety. (b)(6)(b)(7)(C) was then escorted out of C3 and directly to the booking department where he was placed into cell cell R123 which had already been searched for contraband. When he entered the cell I ordered the detainee to kneel on the bench and he complied. I next removed the spit shield and instructed Officer (b)(6)(b)(7)(C) to remove the handcuffs. As each hand was removed I ordered (b)(6)(b)(7)(C) to place it on his head and he again complied. With the restraints removed I then conducted a thorough strip search for contraband which yielded negative results. A safety smock was then provided to the detainee before we exited and secured the door.

Officer Name

(b)(6)(b)(7)(C) _____
FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for encouraging a group demonstration.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

ICE Review of Segregation Cases

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

3/20/1995-Entered through New York, NY as an LPR (F25)

5/20/2009-Convicted of marijuana possession

5/20/2009-ICE Detainer lodged

1/26/2010-Convicted of cocaine for sell

7/9/2012-ICE detainer lifted, detainee booked into Plymouth County Correctional Facility

6/28/2012-Ordered removed to Cape Verde

1/17/2013-TDU finds no SLRRFF: released on OSUP

11/15/2019-Reported in as scheduled, taken into custody

12/10/2019-TD received

12/10/2019-Stay granted and MTR filed, detainee removed from the plane

12/16/2019-MTR granted

Next EOIR date: 2/11/2020

13. Reviewing Supervisor

(b)(6)(b)(7)(C)

Assistant Field

14. Date: 1/8/20



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/25/2019 Incident Date 12/24/2019 Incident Time 21:58
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNE / 212 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Aggressor

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 14D - Participate/encourage demonstration and 08 - Conduct which disrupts.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir/Ma'am,

On the above the date, while assigned as the Zone One Lieutenant for the 1500-2300hrs shift, an incident occurred involving INS Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) that resulted in his removal from his assigned unit in C-3 for encouraging a group demonstration.

After an investigation into the disturbance in Unit C-3, Detainee (b)(6)(b)(7)(C) was found to be one of the main instigators. See attached informational reports by Lieutenant (b)(6)(b)(7)(C)

Respectfully submitted,
Lieutenant (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date	Incident Date	Incident Time
12/25/2019	12/24/2019	21:58
Booking Number: (b)(6)(b)(7)(C)	Inmate ID: (b)(6)(b)(7)(C)	

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNE / 212 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Signature _____

Date: _____

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	High	BOS	Plymouth County CF

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:
_____ 60 _____

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 Days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input checked="" type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for encouraging a group demonstration.

Detainee (b)(6)(b)(7)(C) completed his disciplinary segregation time on January 13, 2020. Due to detainee (b)(6)(b)(7)(C) being identified as the organizer of the group protest the facility has decided to keep (b)(6)(b)(7)(C) in Administrative Segregation for the safety and security of the staff and detainee population.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

There is no indication that the detainee has been diagnosed with a mental illness, serious medical illness, or serious physical disability prior to the incident on June 28, 2019.

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

11. Additional Comment: N/A

ICE Review of Segregation Cases

12. Describe the detainee's immigration history and prior criminal history, if applicable:

- 03/20/1995 – Entered through New York, NY as an LPR (F25)
- 05/20/2009 – Convicted of marijuana possession
- 05/20/2009 – ICE detainer lodged
- 01/26/2010 – Convicted of cocaine for sell
- 07/09/2012 – ICE detainer lifted; detainee booked into Plymouth County Correctional Facility
- 06/28/2012 – Ordered removed to Cape Verde
- 01/17/2013 – TDU finds no SLFFRR: Released OSUP
- 11/15/2019 – TD received
- 12/10/2019 – Stay granted and MTR filed, detainee removed from the plane
- 12/16/2019 – MTR granted
- 02/11/2020 – Subject ordered removed
- 03/04/2020 – Subject tentatively scheduled for removal

13. Reviewing Supervisory Officer: /

(b)(6)(b)(7)(C)

Assistant Field Office Director

(b)(6)(b)(7)(C)

14. Date: 2-25-20



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i>	<i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: **ENCOURAGING A GROUP DEMONSTRATION CONDUCT WHICH DISRUPTS**

2) Medical Officer (b)(6)(b)(7)(C) was notified at 2200 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

There were **NO** medical issues noted that would preclude placement in Administrative Segregation.

There are existing medical issues requiring address, listed as follows:

(b)(6)(b)(7)(C)

Comments: _____

Shift Commander: ADS (b)(6)(b)(7)(C) Signature: _____

Date: December 24, 2019 Time: 2200

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/26/19 Time: 0255 am pm

Comments: _____

Superintendent or Designee: **(b)(6)(b)(7)(C)**

A printed copy of this order is being provided to the inmate regarding this inmates placement in segregation.



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/24/2019

Incident Date
12/24/2019

Incident Time
21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 212 / 1

Persons Involved:

- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)

Report Subject: Inmate Misconduct

Reporting Officer: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019

Incident Date 12/24/2019

Incident Time 21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 212 / 1

Sir/Ma'am,

On 24 December 2019 during the 1500-2300hrs. shift while assigned as the Zone 3 Lieutenant an incident occurred in Unit C3 that created a Group Demonstration in having to remove the following detainees:

- I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)

At approximately 2158hrs. I (Lieutenant (b)(6)(b)(7)(C)) received a phone call from Officer (b)(6)(b)(7)(C) in Unit C-3 regarding the Unit not stepping in and a possible Group Demonstration occurring. I immediately notified A.D.S. (b)(6)(b)(7)(C) regarding the volatile situation at hand. Once I notified the Shift Commander regarding C-3, I entered Unit C3 with Officers (b)(6)(b)(7)(C). Officer (b)(6)(b)(7)(C) began shutting doors on the North Side of the Unit and Officer (b)(6)(b)(7)(C) began down the South Side of the Unit. I made my way to the large gathering of detainees in the center of the Unit. Monitoring my situational awareness I attempted to address the large mass of detainees. With no success of trying to figure out why they were not stepping in for Major Standing Headcount I then gave them a final order to stop their Group Demonstration and to make their way to their cells. My request was again denied by all detainees to at which point I stated via radio, "Central, can I have all available Officers to Unit C3". At that time Lieutenant (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) entered the Unit with all available Officers to help assist with stepping in the Unit. As all Lieutenants and Officers were able to step all detainees into their cells successfully to which multiple Officers noted cells that needed to be removed from the Unit due to either participation of helping organize the Group Demonstration or that physically resisted staff.

Prior to the Group Demonstration I entered Unit C3 to being my Unannounced Supervisory Round routine and to deliver legal mail to the detainees. While in the Unit I was speaking with the Unit Officers regarding the detainees not adhering to facility policies and procedures by slowly stepping in, cell decorum and other information that was passed to them via 7-3 shift. I advised the Unit Officers that since day shift had an issue with them then we could delay their recreation period time at 1900hrs. As the time was approaching 1600 Major Standing Headcount I decided to remain inside the Unit to see for myself the Unit's behavior as well as to see how well they follow orders to prevent disrupting a Major Headcount. While in the Unit after Headcount was called, the Unit Officers asked, ordered and advised all detainees several times to step in their cells. It got to the point that I had to start ordering the Unit to step in to which they complied very slowly. It was at that moment I advised the Unit Officers that I would be taking 15minutes of recreation at 1900hrs. from all detainees in Unit C3. While also inside the Unit, Officer (b)(6)(b)(7)(C) was conducting headcount on the North Side to at which one of the detainee's yelled outside their cell, "hey baby" thinking everything we had done to secure the Unit as a joke. I then exited the Unit and advised both Unit Officers that if they needed anything they could give me a call and I would return to the Unit.

Immediately after all detainees were secured in their cells, Lt. (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) went to each cell to start an investigation as to why the Group Demonstration occurred. All reports came back conclusive with each other. All the detainees were stating that they were mad that they were locked in past 1900hr. recreation time (to which I authorized the Unit Officers to do), Officers being disrespectful and racist and not being any time for they meal period. I spoke with the Unit Officers about these findings to which became unfounded. While being in the Unit with the Unit Officers I saw nothing but respect while they were running a firm and fair Unit. Chow time was its normal time of 20 minutes per side per policy as reported by Unit Officers.

During the Group Demonstration I was approached by Detainee (b)(6)(b)(7)(C) who was speaking as a voice for the rest of the Unit. I asked detainee (b)(6)(b)(7)(C) what the issue was. He stated that it's the disrespect from all the staff in the building and that they are not going to tolerate it any further. I then advised detainee (b)(6)(b)(7)(C) that he and everyone else in the Unit needs to step in their cells. He ignored my orders and began to incite the Unit further. It was at that point other Lieutenants entered the Unit along with several Officers to at which point the detainee's felt overwhelmed by Officer Show of Force which enabled them to step into their cells in a more speedy process. The main individuals that appeared to be inciting the Unit into a Group Demonstration are detainee (b)(6)(b)(7)(C) detainee (b)(6)(b)(7)(C) and detainee (b)(6)(b)(7)(C). I was able to identify those particular detainees when I went down to the I.P.S. Department after the Unit was secured. It showed all the detainees waving their hands to have individuals from the tier come down to the floor level to make their group bigger.



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/24/2019

Incident Date
12/24/2019

Incident Time
21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 212 / 1

When all we removed all detainees that either created a problem or were a big part of the Group Demonstration I notified ADS (b)(6)(b)(7)(C) regarding the Group Demonstration. It was determined that the Unit be locked in until the outcome of the investigation. Officer (b)(6)(b)(7)(C) approached me after the Unit was secured and advised me that he was assaulted by one of the detainees when assisting in stepping in the Unit. I advised him to fill out a First of Injury report and submit one (01) packet to the Human Resources Department. Attached to this report is also a copy of Officer (b)(6)(b)(7)(C) First of Injury report.

All reports are attached to this packet for everyone that was involved.

Respectfully,

Lieutenant (b)(6)(b)(7)(C)
1500-2300hr. Shift

(b)(6)(b)(7)(C)

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for encouraging a group demonstration.

*Detainee (b)(6)(b)(7)(C) completed his Disciplinary Segregation time on January 13, 2020. Due to detainee (b)(6)(b)(7)(C) being identified as the organizer of the group protest the facility has decided to keep (b)(6)(b)(7)(C) in Administrative Segregation for the safety and security of the staff and detainee population.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

ICE Review of Segregation Cases

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

3/20/1995-Entered through New York, NY as an LPR (F25)

5/20/2009-Convicted of marijuana possession

5/20/2009-ICE Detainer lodged

1/26/2010-Convicted of cocaine for sell

7/9/2012-ICE detainer lifted, detainee booked into Plymouth County Correctional Facility

6/28/2012-Ordered removed to Cape Verde

1/17/2013-TDU finds no SLRRFF: released on OSUP

11/15/2019-Reported in as scheduled, taken into custody

12/10/2019-TD received

12/10/2019-Stay granted and MTR filed, detainee removed from the plane

12/16/2019-MTR granted

Next EOIR date: 2/11/2020

13. Reviewing Superv

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

(a) Assistant Field

14. Date:

1-23-20

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for conduct which disrupts during a group demonstration.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?
See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

4/17/2015-Entered through Boston, MA as an LPR (F22).

4/13/2017-Arrested for trafficking fentanyl

10/24/2017-Convicted for trafficking fentanyl: CMTD 2.5 years

10/26/2017-Interviewed by DIO

1/9/2018-ICE Detainer lodged

7/30/2019-ICE detainer lifted, detainee booked into Plymouth County Correctional Facility

Next EOIR date: 1/8/2020

ICE Review of Segregation Cases

13. Reviewing Supervisor (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Of

14. Date: 1/8/20



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019 Incident Date 12/24/2019 Incident Time 22:05
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNE / 116 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 02 - Violating any rule or regulation, 08 - Conduct which disrupts, 14D - Participate/encourage demonstration.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Other

Statement of Offense:

Sir/Ma'am,

On 24 December 2019 during the 1500-2300hr. Shift while assigned as the Zone 3 Lieutenant an incident occurred with I. N.S. Boston detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) for Encouraging/Inciting a Group Demonstration.

At approximately 2205hrs while I (Lieutenant (b)(6)(b)(7)(C)) was assisting in stepping in Unit C3 I noticed a couple detainees waiving their hands and being vocal about the Unit staying out and refusing to step into their cells. Once the Unit was secured, Officer (b)(6)(b)(7)(C) and I went down to the Inner Perimeter Security Department to review the CCTV of the Unit. Detainee was identified as one of the participants inside the crowd on CCTV attempting to incite the Unit. I then returned to Unit C3 with C.E.R.T. and Lieutenant Phillips. Detainee (b)(6)(b)(7)(C) was subsequently handcuffed (Double-Locked), escorted to Medical and cleared to be housed in Unit G.

Respectfully,

Lieutenant (b)(6)(b)(7)(C)
1500-2300hr. Shift

Reporting Officer: (b)(6)(b)(7)(C)
Signature

Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019 Incident Date 12/24/2019 Incident Time 22:05
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement:

Housing Location: GNE / 116 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____

Minor Sanction _____

Major Violation _____

Referred to D.A. _____

Investigation _____

Date Commenced _____

Disciplinary Officer:

Signature

Date

Reviewing Authority (print name): _____

Signature

Date:



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C)

ID #: (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i>	<i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification	<input checked="" type="checkbox"/> Unit G
<input checked="" type="checkbox"/> Pending Disciplinary Review / Action	<input type="checkbox"/> Booking & Release Orientation
<input type="checkbox"/> Medical Watch / Mental Health Watch	<input type="checkbox"/> Medical
<input type="checkbox"/> Protective Custody / Housing / Enemy Issues	
<input type="checkbox"/> Suicide Watch	
<input type="checkbox"/> Other, list below	<input type="checkbox"/> Other: List below

Comments: CONDUCT WHICH DISRUPTS

2) Medical Officer (b)(6)(b)(7)(C) was notified at 2315 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in (b)(6)(b)(7)(C) housing.
- There are existing medical issues requiring address, listed as (b)(6)(b)(7)(C).

Comments:

Shift Commander: CPT. (b)(6)(b)(7)(C)

Signature: (b)(6)(b)(7)(C)

Date: DECEMBER 24, 2019

3) Where pre-hearing segregation is ordered by a Shift Commander, the inmate must be reviewed by the Superintendent or designee within 72 hours. Indicate review date and time.

Review Date: 12/26/19 Time: 0755 am pm

Comments:

Superintendent or Designee: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/24/2019

Incident Date
12/24/2019

Incident Time
21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 116 / 1

Persons Involved:

- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)
- (b)(6)(b)(7)(C)

Report Subject: Inmate Misconduct

Reporting Officer: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019

Incident Date 12/24/2019

Incident Time 21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 116 / 1

Sir/Ma'am,

On 24 December 2019 during the 1500-2300hrs. shift while assigned as the Zone 3 Lieutenant an incident occurred in Unit C3 that created a Group Demonstration in having to remove the following detainees:

- I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)
I.N.S. Detainee (b)(6)(b)(7)(C)

At approximately 2158hrs. I (Lieutenant (b)(6)(b)(7)(C)) received a phone call from Officer (b)(6)(b)(7)(C) in Unit C-3 regarding the Unit not stepping in and a possible Group Demonstration occurring. I immediately notified A.D.S. (b)(6)(b)(7)(C) regarding the volatile situation at hand. Once I notified the Shift Commander regarding C-3, I entered Unit C3 with Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) Officer (b)(6)(b)(7)(C) began shutting doors on the North Side of the Unit and Officer (b)(6)(b)(7)(C) began down the South Side of the Unit. I made my way to the large gathering of detainees in the center of the Unit. Monitoring my situational awareness I attempted to address the large mass of detainees. With no success of trying to figure out why they were not stepping in for Major Standing Headcount I then gave them a final order to stop their Group Demonstration and to make their way to their cells. My request was again denied by all detainees to at which point I stated via radio, "Central, can I have all available Officers to Unit C3". At that time Lieutenant (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) entered the Unit with all available Officers to help assist with stepping in the Unit. As all Lieutenants and Officers were able to step all detainees into their cells successfully to which multiple Officers noted cells that needed to be removed from the Unit due to either participation of helping organize the Group Demonstration or that physically resisted staff.

Prior to the Group Demonstration I entered Unit C3 to being my Unannounced Supervisory Round routine and to deliver legal mail to the detainees. While in the Unit I was speaking with the Unit Officers regarding the detainees not adhering to facility policies and procedures by slowly stepping in, cell decorum and other information that was passed to them via 7-3 shift. I advised the Unit Officers that since day shift had an issue with them then we could delay their recreation period time at 1900hrs. As the time was approaching 1600 Major Standing Headcount I decided to remain inside the Unit to see for myself the Unit's behavior as well as to see how well they follow orders to prevent disrupting a Major Headcount. While in the Unit after Headcount was called, the Unit Officers asked, ordered and advised all detainees several times to step in their cells. It got to the point that I had to start ordering the Unit to step in to which they complied very slowly. It was at that moment I advised the Unit Officers that I would be taking 15minutes of recreation at 1900hrs. from all detainees in Unit C3. While also inside the Unit, Officer (b)(6)(b)(7)(C) was conducting headcount on the North Side to at which one of the detainee's yelled outside their cell, "hey baby" thinking everything we had done to secure the Unit as a joke. I then exited the Unit and advised both Unit Officers that if they needed anything they could give me a call and I would return to the Unit.

Immediately after all detainees were secured in their cells, Lt. (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) went to each cell to start an investigation as to why the Group Demonstration occurred. All reports came back conclusive with each other. All the detainees were stating that they were mad that they were locked in past 1900hr. recreation time (to which I authorized the Unit Officers to do), Officers being disrespectful and racist and not being any time for they meal period. I spoke with the Unit Officers about these findings to which became unfounded. While being in the Unit with the Unit Officers I saw nothing but respect while they were running a firm and fair Unit. Chow time was its normal time of 20 minutes per side per policy as reported by Unit Officers.

During the Group Demonstration I was approached by Detainee (b)(6)(b)(7)(C) who was speaking as a voice for the rest of the Unit. I asked detainee (b)(6)(b)(7)(C) what the issue was. He stated that it's the disrespect from all the staff in the building and that they are not going to tolerate it any further. I then advised detainee (b)(6)(b)(7)(C) that he and everyone else in the Unit needs to step in their cells. He ignored my orders and began to incite the Unit further. It was at that point other Lieutenants entered the Unit along with several Officers to at which point the detainee's felt overwhelmed by Officer Show of Force which enabled them to step into their cells in a more speedy process. The main individuals that appeared to be inciting the Unit into a Group Demonstration are detainee (b)(6)(b)(7)(C) detainee (b)(6)(b)(7)(C) and detainee (b)(6)(b)(7)(C). I was able to identify those particular detainees when I went down to the I.P.S. Department after the Unit was secured. It showed all the detainees waving their hands to have individuals from the tier come down to the floor level to make their group bigger.



Informational Report

Incident ID: (b)(7)(E)

Report Date
12/24/2019

Incident Date
12/24/2019

Incident Time
21:58

Name/Event: (b)(6)(b)(7)(C)
Incident Location: C3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNE / 116 / 1

When all we removed all detainees that either created a problem or were a big part of the Group Demonstration I notified ADS (b)(6)(b)(7)(C) regarding the Group Demonstration. It was determined that the Unit be locked in until the outcome of the investigation. Officer (b)(6)(b)(7)(C) approached me after the Unit was secured and advised me that he was assaulted by one of the detainees when assisting in stepping in the Unit. I advised him to fill out a First of Injury report and submit one (01) packet to the Human Resources Department. Attached to this report is also a copy of Officer (b)(6) (b)(7)(c) First of Injury report.

All reports are attached to this packet for everyone that was involved.

Respectfully,

Lieutenant (b)(6)(b)(7)(C)
1500-2300hr. Shift

(b)(6)(b)(7)(C)

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	Medium/High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
10 days disciplinary, 5 days susp., 30 days loss of canteen.

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) [REDACTED] was removed from general population on December 24, 2019, for conduct which disrupts during a group demonstration.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

ICE Review of Segregation Cases

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

09/24/2013-Entered through Hidalgo, TX without admission or parole, juvenile.

02/07/2014 – Released on OREC

07/13/2017-Arrested for assault with a dangerous weapon by Chelsea, MA PD

06/02/2018 –Arrested for default warrant felony by Chelsea, MA PD

07/30/2018 – Arrested by ICE and booked into Bristol County House of Correction, N. Dartmouth, MA

BIA appeal pending

ICE Review of Segregation Cases

13. Reviewing Supervisor (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Of

14. Date: 1/8/20



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019 Incident Date 12/24/2019 Incident Time 21:58
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNE / 212 / 2
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Participant

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 01C - Insolence to staff and 08 - Conduct which disrupts, both categorized as Major offenses.

Otr Inmates Involved: No Housing Assign

Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On the above time and date an incident occurred that resulted in the removal of (Ice Detainee) (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C)
While assigned to CERT 3-2 Officer (b)(6)(b)(7)(C) called stating that C3 was refusing to step into their cells at head count. At this time I entered the unit with Lt. (b)(6)(b)(7)(C) and Officer (b)(6)(b)(7)(C). When we got in the unit we all gave multiple orders for the unit to step in to which they all refused. Central Control then called for more CERT to respond to C3 and help with the group demonstration that was currently happening in C3.
As I was escorting Detainee (b)(6)(b)(7)(C) back to his cell (302) he told me "To go fuck myself" multiple times. When we arrived to his cell I secured his door and he continued to say things under his breath and then started to kick his cell door disrupting the unit even more. It was at that time Lt. (b)(6)(b)(7)(C) deemed it necessary to remove the said inmate for insolence towards staff and conduct which disrupts.
Lt. (b)(6)(b)(7)(C) and I then made our way to cell 302, the Detainee was then given orders to turn around and place his hands behind his back to which he complied. The cell door was then opened and I entered the cell and applied handcuffs (double locked) to the Detainee. At this time I escorted the inmate straight to unit G where he was seen by Medical Officer (b)(6)(b)(7)(C) for his Ad-Seg assessment.

Respectfully Submitted,

Officer (b)(6)(b)(7)(C)

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/24/2019 Incident Date 12/24/2019 Incident Time 21:58
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNE / 212 / 2
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Participant

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature _____ Date _____

Reviewing Authority (print name): _____

Signature _____ Date: _____



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: ENCOURAGING A GROUP DEMONSTRATION CONDUCT WHICH DISRUPTS

2) Medical Officer (b)(6)(b)(7)(C) was notified at 2200 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6)(b)(7)(C)

Shift Commander: ADS (b)(6)(b)(7)(C) Signature: (b)(6)(b)(7)(C)
 Date: December 24, 2019 Time: 2200

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/26/19 Time: 0255 am pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: (b)(6)(b)(7)(C)

A printed copy of this form must accompany all reports regarding this inmates placement in segregation.

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
208 092 072	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
30 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for conduct which disrupts during a group demonstration.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

06/12/2014-Entered through New York, NY as an R/P3 (Artist/Entertainer Program).

10/26/2018-Arrested for violation of protective order and violating condition of release

10/31/2018-ICE Detainer lodged

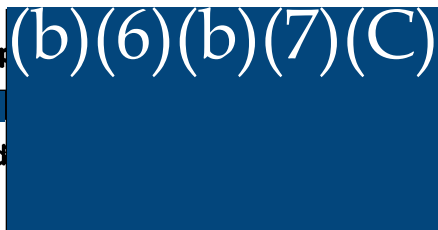
06/07/2019-ICE detainer lifted, detainee booked into Cumberland County Jail

Next EOIR date: 01/22/2020

13. Reviewing Supervisor

(b)(6)(b)(7)(C)

Assistant Field



14. Date:

1/8/20



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (INS) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification <input checked="" type="checkbox"/> Pending Disciplinary Review / Action <input type="checkbox"/> Medical Watch / Mental Health Watch <input type="checkbox"/> Protective Custody / Housing / Enemy Issues <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other, list below	<input checked="" type="checkbox"/> Unit G <input type="checkbox"/> Booking & Release Orientation <input type="checkbox"/> Medical <input type="checkbox"/> Other: List below

Comments: ASSAULTING A STAFF MEMBER
 CONDUCT WHICH DISRUPTS

2) Medical Officer (b)(6)(b)(7)(C) was notified at 2200 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: (b)(6) (b)(7)(c)

Shift Commander: ADS (b)(6)(b)(7)(C) Signature: (b)(6)(b)(7)(c)

Date: December 24, 2019 Time: 2200

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/26/19 Time: 0755 am pm

Comments: (b)(6)(b)(7)(C)

Superintendent or Designee: (b)(6)(b)(7)(C)



Plymouth County Correctional Facility

DISCIPLINARY APPEAL FORM
EL FORMULARIO ATRACTIVO DISCIPLINARIO
PCCF 430 ATTACHMENT 14

Inmate Name: (b)(6)(b)(7)(C)
El Nombre del preso:

ID #: (b)(6)(b)(7)(C)

D-Report #: (b)(7)(E)
El D-Informe #:

Housing Unit: GNE
Alojando la Unidad:

(1) MINOR MATTERS: An Inmate aggrieved by the finding and/or sanction of the disciplinary hearing on a minor matter may request an appeal to the Hearings Officer on the Disciplinary Report within seven (7) days of the receipt of the findings. The appeal will be written on the appeal form for a decision by the Hearing Officer.

(2) LAST MATERIAS MENORES: Un preso apenado por el hallazgo y/o la sancion del oido disciplinario en una materia menor puede pedir una apelacion al Funcionario de Oidos en el informe Disciplinario dentro de siete (7) dias del recibo de los resultados. La apelacion se escribira en el formulario atractivo para una decision por el Funcionario de Oidos.

(3) MAJOR MATTERS: All inmates may appeal the finding or sanction(s) of the Hearing Officer regarding a major matter to the Superintendent or his designee. The appeal must be filed within (7) days following the receipt of the Hearings Officer's written decision. The superintendent or his designee at his discretion, may consider an appeal filed after the seven (7) day period but no later than fifteen days after the inmate has received the Hearing Officer's decision.

(4) LAS MATERIAS MAYORES: Todos los presos pueden apelar el hallazgo o sancion(s) del Funcionario del Oido con respecto a una materia mayor al Superintendente o su designee. La apelacion debe archivarse dentro de siete (7) dias siguiendo el recibo de la decision escrito del Funcionario de Oidos. El superintendente o su designee a su discrecion, puede considerar una apelacion archivada despues de los siete (7) el periodo del dia pero ningun mas tarde que quince dias despues de que el preso ha recibido la decision dal Funcionario del Oido.

Please indicate the specific grounds of your appeal in the space below. (Use additional paper if necessary.)
Por favor indique la tierra especifica para su apelacion en el espacio debajo. (Use el papel adicional si necesario.)

Sir the Reason I am appealing this decision is because I was wrongly accuse and was found guilty of 4 counts which is (04, 03, 15B, 01A) on the staff statement it says, He asked me to step into my cell multiple times and I ignored all his orders, which is not true I didn't ignore his commands and his says he gently guiding me into my cell and immediately I became assaultive

Which's not true the staff was aggressive
toward me, He assaulted me by punching me
on the head I do have witnesses who saw all that
happening. I didn't do anything, Now I am the
one being punish with 30 days in the hole and 30
days without canteen it's not fair. I asked
for my witnesses to be called so they can testify
but the captain refuse.

Sir I would like you take in consideration my
appeal and please I would like you to ~~review~~
review the video tap of that incident
because I am not guilty of 3 charges
which is (08, 15B, 04A) - I accept being guilty
of 1 charge which is (04) Being out of place.

Thank you

Place the completed for

(b)(6)(b)(7)(C)

completado en la caja en la unidad de albergue.

Inmate Signature

Date:

01/02/2020

La Firma del preso:

Fecha:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/24/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
30 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, at approximately 2200 hours, 30-40 detainees refused to lock in during routine head count. Unit officers requested assistance from the facility response team to regain order. Detainee (b)(6)(b)(7)(C) was removed from general population on December 24, 2019, for conduct which disrupts during a group demonstration.

*Detainee (b)(6)(b)(7)(C) completed his Disciplinary Segregation time on January 23, 2020. Due to detainee (b)(6)(b)(7)(C) involvement in the group protest the facility has decided to keep (b)(6)(b)(7)(C) in Administrative Segregation for the safety and security of the staff and detainee population.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

06/12/2014-Entered through New York, NY as an R/P3 (Artist/Entertainer Program).

10/26/2018-Arrested for violation of protective order and violating conditions of release.

10/31/2018-ICE detainer lodged.

06/07/2019-ICE detainer lifted, detainee booked into Cumberland County Jail.

Next EOIR date: 2/28/2020

13. Reviewing Supervisor

(b)(6)(b)(7)(C)

(a) Assistant Field

(b)(6)(b)(7)(C)

14. Date:

1-23-20



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/25/2019 Incident Date 12/24/2019 Incident Time 22:00
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNW / 112 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Aggressor

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include: 04 - Being out of place (Major), 08 - Conduct which disrupts (Major), 18B - Fight/assault/threaten staff (Major), 01A - Disobey an Order (Major), 02 - Violating any rule or regulation (Major)

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject Fight / Assault Staff

Statement of Offense:

Sir,
On Tuesday December 24, 2019 an incident occurred involving INS Boston Detainee (b)(6)(b)(7)(C) that resulted in the writing of this major disciplinary report for assaulting staff. At approximately 2200, I was writing reports in Unit G when Lt. (b)(6)(b)(7)(C) received a phone call from the Shift Commander, ADS (b)(6)(b)(7)(C) that Unit C3 was refusing to step in for the 2200 Major Standing Head Count and causing a major disturbance. The extreme emergency called for all available Officers and Lieutenants to respond to Unit C3. While running up the stairs to the Unit, I heard the Zone 3 Lieutenant, Lt. (b)(6)(b)(7)(C) call for more CERT. I arrived at the C3 sallyport with Lt.'s (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) along with various CERT Officers. I looked inside the Unit and I could see a large group of Inmates in the Middle of the Dayroom staring back at us in the Sallyport. Some inmates were standing on tables and some were standing on the floor. I also noticed many more inmates standing by cell doors and other inmates locked in their cell. The Dayroom contains multiple items that could be considered hazardous. The Dayroom table and chairs are made of metal. There are also many other large chairs for watching tv as well as a few hard plastic chairs.
I entered the Unit and heard a command to start stepping in the unit. I decided to start along the South Side bottom tier. I approached cell C304 and saw Inmate (b)(6)(b)(7)(C) standing just past the threshold of the Cell Door. I asked Inmate (b)(6)(b)(7)(C) if he was staying out or going in. Inmate (b)(6)(b)(7)(C) did not respond and stared back at me blankly. I then ordered Inmate (b)(6)(b)(7)(C) to get into his cell multiple times. Inmate (b)(6)(b)(7)(C) ignored all my orders and continued to stare at me. I was unsure whether or not Inmate (b)(6)(b)(7)(C) understood English, so I used contact controls by putting my open hand on his shoulder and gently guiding him into the cell. Inmate (b)(6)(b)(7)(C) immediately became assaultive and threw his hands up at my face striking my in the left cheek and nose. Officer (b)(6)(b)(7)(C) and I then began to use our hands to apply pressure on his upper body while simultaneously lowering our center of gravity and driving him into the cell. As we drove Inmate (b)(6)(b)(7)(C) into his cell he continued to actively resist us by lowering his center of gravity and pushing back as well as flailing his hands at our faces. Once Inmate (b)(6)(b)(7)(C) was pushed back into the cell, Officer (b)(6)(b)(7)(C) and I stepped backwards and created enough safe space to reassess the situation. Inmate (b)(6)(b)(7)(C) remained standing in a bladed stance with his fists clenched saying, "Come on. Motherfuckers." Officer (b)(6)(b)(7)(C) and I were able to tactically retreat the cell and secure the door so that we could begin to step in other inmates. The other inmates slowly began moving to their cells. I again used contact controls by gently putting my hands on inmates and guiding them up the stairs and to the cells. No other inmates offered any resistance.
Once the Unit was secured, I informed Lt. (b)(6)(b)(7)(C) that an Inmate in cell C304 had assaulted me while I was trying to secure the Unit. I was able to identify the inmate as Inmate (b)(6)(b)(7)(C) Inmate (b)(6)(b)(7)(C) was removed from the Unit by Lt. (b)(6)(b)(7)(C) and CERT Officers.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/25/2019 Incident Date 12/24/2019 Incident Time 22:00
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNW / 112 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature Date

Reviewing Authority (print name): _____

Signature Date:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/26/2019 Incident Date 12/25/2019 Incident Time 14:19
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Housing Location: GNE / 211 / 1
Location: C3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Participant

Offense(s): Code Number of Rule(s) Violated Offense Type
14D - Participate/encourage demonstration Major

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir, on 12-25-19 an incident occurred in unit C3 that led to this report and ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) being moved to unit G. On 12-25-19 unit C3 was locked down. The meals were distributed to each cell by the unit officers as well as cert officers. Detainee's were refusing meals at the suggestion of other detainee's. Detainee's were yelling out of their cells for Detainee's to not accept meals, I heard Detainee (b)(6)(b)(7)(C) instructing other detainee's to refuse meals. After investigations on 12-26-19, it was determined that ICE Detainee (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) was inciting the other detainee's to refuse their meals. Detainee (b)(6)(b)(7)(C) was removed to unit G without incident.

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:

Action Taken (Including Use of Force):

Awaiting Action Minor Sanction Major Violation
Referred to D.A. Investigation Date Commenced

Disciplinary Officer: Signature Date

Reviewing Authority (print name):

Signature Date: 2022-ICLI-00015 2046

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/26/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 25, 2019, the unit was locked down following a group demonstration the previous night. Officers were distributing meals to each cell when detainees began yelling to refuse the meal trays. Following an investigation on December 26, 2019, it was determined that (b)(6)(b)(7)(C) was the detainee instructing others to refuse meal trays in an attempt to create a group hunger strike. (b)(6)(b)(7)(C) was placed in administrative segregation pending a disciplinary board hearing for participating/ encouraging a demonstration.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

ICE Review of Segregation Cases

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/15/1994: Admitted to the US as a permanent resident (F25)

07/31/2009: I-862 NTA served pursuant to Section 237(a)(2)(A)(iii), due to Breaking and Entering in the Daytime for Felony conviction on August 13, 2008 in Boston Municipal Court

12/01/2009: Immigration Judge ordered Cancellation of Removal under Section 240A(a) in Boston, MA

6/18/2014: Second I-862 served on subject.

ICE Review of Segregation Cases

11/5/2014: Immigration Judge ordered subject removed from US.

CRIMINAL HISTORY:

ARRAIGNMENT (0001)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: OPERATING AFTER SUSPEND LIC
DISP: 12/19/16 G 180DA CMTD

ARRAIGNMENT (0002)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS TO DISTRIBUTE CLASS B
DISP: 12/19/16 DISM

ARRAIGNMENT (0003)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: USE WITHOUT AUTHORITY
DISP: 12/19/19 G 180DA CMTD

ARRAIGNMENT (0004)

ARG-DATE: 12/27/2013 PD: SDH COURT: BROCKTON DISTRICT
OFF: POSS TO DISTRIBUTE CLASS B SUBSQ OFF
DISP: 6/16/2014 G 9MO CMTD

ARRAIGNMENT (0005)

ARG-DATE: 05/02/2011 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS FIREARM W/O PERMIT
DISP: 8/15/2011 DISM

ARRAIGNMENT (0006)

ARG-DATE: 05/02/2011 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS FIREARM W/O PERMIT LOADED
DISP: 8/15/2011 DISM

ARRAIGNMENT (0007)

ARG-DATE: 01/08/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS TO DIST CLASS D
DISP: 1/5/09 G 153DA CMTD

ARRAIGNMENT (0008)

ARG-DATE: 1/8/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: CONTROL SUBSTANCE SCHOOL
DISP: 1/5/09 DISM

ARRAIGNMENT (0009)

ARG-DATE: 1/8/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: CONTROL SUBSTANCE SCHOOL
DISP: 1/5/09 DISM

ICE Review of Segregation Cases

ARRAIGNMENT (0010)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: B&E DT W/I COM FEL
DISP: 6/18/09 VOP 90DA CMTD

ARRAIGNMENT (0011)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: POSS BURGLARIOUS TOOLS
DISP: 12/19/06 DISM

ARRAIGNMENT (0012)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: TRUE NAME VIOLATION
DISP: 6/19/07 DISM

ARRAIGNMENT (0013)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: MALICIOUS DESTRUCTION OF PROPERTY
DISP: 8/12/08 G 1 YR HC CMTD

13. Reviewing Supervisor: (b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

Assistant Field Officer

14. Date: 1/20/20

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)		Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/26/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
20 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 25, 2019, the unit was locked down following a group demonstration the previous night. Officers were distributing meals to each cell when detainees began yelling to refuse the meal trays. Following an investigation on December 26, 2019, it was determined that (b)(6)(b)(7)(C) was the detainee instructing others to refuse meal trays in an attempt to create a group hunger strike. (b)(6)(b)(7)(C) was placed in administrative segregation pending a disciplinary board hearing for participating/ encouraging a demonstration.

*Detainee (b)(6)(b)(7)(C) completed his Disciplinary Segregation time on January 15, 2020. Due to detainee (b)(6)(b)(7)(C) involvement in the group protest (resulting in approximately 37 hunger strikes) the facility has decided to keep (b)(6)(b)(7)(C) in Administrative Segregation for the safety and security of the staff and detainee population.

6. Did the detainee request segregation?

ICE Review of Segregation Cases

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/15/1994: Admitted to the US as a permanent resident (F25)

07/31/2009: I-862 NTA served pursuant to Section 237(a)(2)(A)(iii), due to Breaking and Entering in the Daytime for Felony conviction on August 13, 2008 in Boston Municipal Court

12/01/2009: Immigration Judge ordered Cancellation of Removal under Section 240A(a) in Boston, MA

ICE Review of Segregation Cases

6/18/2014: Second I-862 served on subject.

11/5/2014: Immigration Judge ordered subject removed from US.

CRIMINAL HISTORY:

ARRAIGNMENT (0001)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: OPERATING AFTER SUSPEND LIC
DISP: 12/19/16 G 180DA CMTD

ARRAIGNMENT (0002)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS TO DISTRIBUTE CLASS B
DISP: 12/19/16 DISM

ARRAIGNMENT (0003)

ARG-DATE: 6/21/2016 PD: BRO COURT: BROCKTON DISTRICT
OFF: USE WITHOUT AUTHORITY
DISP: 12/19/19 G 180DA CMTD

ARRAIGNMENT (0004)

ARG-DATE: 12/27/2013 PD: SDH COURT: BROCKTON DISTRICT
OFF: POSS TO DISTRIBUTE CLASS B SUBSQ OFF
DISP: 6/16/2014 G 9MO CMTD

ARRAIGNMENT (0005)

ARG-DATE: 05/02/2011 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS FIREARM W/O PERMIT
DISP: 8/15/2011 DISM

ARRAIGNMENT (0006)

ARG-DATE: 05/02/2011 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS FIREARM W/O PERMIT LOADED
DISP: 8/15/2011 DISM

ARRAIGNMENT (0007)

ARG-DATE: 01/08/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: POSS TO DIST CLASS D
DISP: 1/5/09 G 153DA CMTD

ARRAIGNMENT (0008)

ARG-DATE: 1/8/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: CONTROL SUBSTANCE SCHOOL
DISP: 1/5/09 DISM

ARRAIGNMENT (0009)

ARG-DATE: 1/8/2008 PD: BRO COURT: BROCKTON DISTRICT
OFF: CONTROL SUBSTANCE SCHOOL

ICE Review of Segregation Cases

DISP: 1/5/09 DISM

ARRAIGNMENT (0010)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: B&E DT W/I COM FEL
DISP: 6/18/09 VOP 90DA CMTD

ARRAIGNMENT (0011)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: POSS BURGLARIOUS TOOLS
DISP: 12/19/06 DISM

ARRAIGNMENT (0012)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: TRUE NAME VIOLATION
DISP: 6/19/07 DISM

ARRAIGNMENT (0013)

ARG-DATE: 4/27/2006 PD: BOS COURT: DORCHESTER DISTRICT
OFF: MALICIOUS DESTRUCTION OF PROPERTY
DISP: 8/12/08 G 1 YR HC CMTD

13. Reviewing Supervisor (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)
(a) Assistant Field O

14. Date: 1-23-20



ADMINISTRATIVE
SEGREGATION ORDER

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
 - a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C) **ID #:** (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i>	<i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification	<input checked="" type="checkbox"/> Unit G
<input checked="" type="checkbox"/> Pending Disciplinary Review / Action	<input type="checkbox"/> Booking & Release Orientation
<input type="checkbox"/> Medical Watch / Mental Health Watch	<input type="checkbox"/> Medical
<input type="checkbox"/> Protective Custody / Housing / Enemy Issues	
<input type="checkbox"/> Suicide Watch	
<input type="checkbox"/> Other, list below	<input type="checkbox"/> Other: List below

Comments: PENDING INVESTIGATION

- 2) Medical Officer (b)(6)(b)(7)(C) was notified at 0850 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: _____

Shift Commander: CAPT. (b)(6)(b)(7)(C) **Signature:** (b)(6)(b)(7)(C)

Date: December 26, 2019 **Time:** 0850

- 3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/27/19 **Time:** 0730 am pm

Comments: _____

Superintendent or Designee: (b)(6)(b)(7)(C)



Plymouth County Correctional Facility

DISCIPLINARY APPEAL FORM
EL FORMULARIO ATRACTIVO DISCIPLINARIO
PCCF 430 ATTACHMENT 14

Date Name: (b)(6)(b)(7)(C)
Nombre del preso:

ID #: (b)(6)(b)(7)(C)

Report #: (b)(7)(E)
Informe #:

Housing Unit: GNE
Alojando la Unidad:

MINOR MATTERS: An Inmate aggrieved by the finding and/or sanction of the disciplinary hearing on a minor matter may request an appeal to the Hearings Officer on the Disciplinary Report within seven (7) days of the receipt of the findings. The appeal will be written on the appeal form for a decision by the Hearing Officer.

LAST MATERIAS MENORES: Un preso apenado por el hallazgo y/o la sancion del oido disciplinario en una materia menor puede pedir una apelacion al Funcionario de Oidos en el informe Disciplinario dentro de siete (7) dias del recibo de los resultados. La apelacion se escribira en el formulario atractivo para una decision por el Funcionario de Oidos.

MAJOR MATTERS: All inmates may appeal the finding or sanction(s) of the Hearing Officer regarding a major matter to the Superintendent or his designee. The appeal must be filed within (7) days following the receipt of the Hearings Officer's written decision. The Superintendent or his designee at his discretion, may consider an appeal filed after the seven (7) day period but no later than fifteen days after the inmate has received the Hearing Officer's decision.

LAS MATERIAS MAYORES: Todos los presos pueden apelar el hallazgo o sancion(s) del Funcionario del Oido con respecto a una materia mayor al Superintendente o su designee. La apelacion debe archivarse dentro de siete (7) dias siguiendo el recibo de la decision escrito del Funcionario de Oidos. El superintendente o su designee a su discrecion, puede considerar una apelacion archivada despues de los siete (7) el periodo del dia pero ningun mas tarde que quince dias despues de que el preso ha recibido la decision dal Funcionario del Oido.

Please indicate the specific grounds of your appeal in the space below. (Use additional paper if necessary.)
Por favor indique la tierra especifica para su apelacion en el espacio debajo. (Use el papel adicional si necesario.)

I am appealing this Report because I honestly did not do what I'm being charged with. Any other reports I didn't bother appealing because I was guilty. I was in no way shape or form inciting other inmates to not eat their food. I don't even speak Spanish to tell the others not to, which 90% only speak Spanish. What I did say was "I was not going to eat that meal." "I've got canteen" I barely ever eat the state food it's nasty. Check my canteen I order \$100 bag every week. If anyone else refused their meal that's not on me. It was no different of a case for me, we were all locked in everybody was mad they couldn't talk with their families. So I should not be held accountable. I understand how serious you take this charge. But I don't understand why (b)(6) (b)(7)(c) asked why I'm not eating when I never eat state trays maybe once or twice a week. So my point is I never told others to refuse their meals. But I admit I did say that I'm not eating my meal. I was not doing a hunger strike nor trying to start one. I feel like I got singled out with a few others cause of

Place the completed form (b)(6)(b)(7)(c) formulario completado en la caja en la unidad de albergue.

Inmate Signature

(b)(6)(b)(7)(c)

Date: Jan - 3 - 20

La Firma del preso:

Fecha:

Them trying to break the unit C3 up, there for lugging people for things they normally wouldn't lug them for I got caught up in the middle of a bad situation. At a bad time, that being said I would like another chance to go back to the unit. I'll stay out of trouble and out the way.

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	Male	Medium/High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
 14-Day*
 30-Day
 Other 30-Day Interval:

2. Initial Date of Placement: 12/26/2019

3. Date of Disciplinary Proceeding (If Applicable):
12/31/2019

4. Length of Disciplinary Sanction (If Applicable):
30 days loss of visits and phone

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
 Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
 The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Disciplinary
<input type="checkbox"/> Pending Investigation of Disciplinary Violation
<input type="checkbox"/> Facility Security: Violent or Disruptive Behavior
<input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction
<input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody)
<input type="checkbox"/> Facility Security Threat: Other
<input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender)
<input type="checkbox"/> Protective Custody: Gang Status
<input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT)
<input type="checkbox"/> Protective Custody: Other Special Vulnerability
<input type="checkbox"/> Protective Custody: Other
<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical: TB or Other Infectious Diseases
<input type="checkbox"/> Medical: Disabled or Infirm
<input type="checkbox"/> Medical: Detox/Withdrawal Observation
<input type="checkbox"/> Medical: Other
<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Suicide Risk Placement
<input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 24, 2019, while conducting head count a comment was directed toward a female officer referring to her as "baby girl". At the time it was unknown if the comments came from cell 421 or cell 422. Later in the evening during dinner detainees were instructed to step back in to their cells for head count. A group of detainees were instructed to break it up and step back in to their cells, at this point a detainee stated, "we've got you baby girl". The female officer explained to the group the importance of respecting female staff members. Upon further investigation of the CCTV by the Inner Perimeter Security Department, it was determined that (b)(6) was the detainee that made the inappropriate comments on both occasions.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

7/23/2010: Admitted to the US as a F-1 not to exceed 60 days past the completion of his course of study.

12/26/2010: Course of study completed. Must depart by 2/24/2011.

2/21/2011: Subject scheduled to depart the US but did not board the plane.

10/17/2018: Taken into ICE custody when arriving at the courthouse to appear on Armed Robbery and Assault and Battery charges.

10/17/2018: Notice to Appear Served.

1/30/2019: Withholding of Deportation/Removal Granted.

3/15/2019: Appeal filed.

7/25/2019: BIA reverses IJ decision and remands case back to the court for a new decision.

12/16/2019: IJ ordered removed.

1/3/2020: BIA received case appeal.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ARG-DATE: 08/29/18 PD: COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E)

OFF: ARMED ROBBERY ROB ARM

STATUS: O WPD: WDT:

DISP: PTCOR-B 10/17/18

ARRAIGNMENT: (0002)

ARG-DATE: 08/29/18 PD: COURT: SUFFOLK SUPERIOR DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

STATUS: O WPD: WDT:

DISP: PTCOR-B 10/17/18

ARRAIGNMENT: (0003)

ARG-DATE: 06/22/18 PD: 665 COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: ARMED ROBBERY ROB ARM

STATUS: C WPD: WDT:

DISP: C 8/30/18 DISM INDICT

ARRAIGNMENT: (0004)

ARG-DATE: 06/22/18 PD: 665 COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

ICE Review of Segregation Cases

STATUS: C WPD: WDT:
DISP: C 8/30/18 DISM INDICT

13. (b)(6)(b)(7)(C)

14. Date: 1-17-20



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) DETAINEE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation	Location of Housing Assigned
<i>Place an 'X' in the applicable box, articulate further information below.</i>	<i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification	<input checked="" type="checkbox"/> Unit G
<input checked="" type="checkbox"/> Pending Disciplinary Review / Action	<input type="checkbox"/> Booking & Release Orientation
<input type="checkbox"/> Medical Watch / Mental Health Watch	<input type="checkbox"/> Medical
<input type="checkbox"/> Protective Custody / Housing / Enemy Issues	
<input type="checkbox"/> Suicide Watch	
<input type="checkbox"/> Other, list below	<input type="checkbox"/> Other: List below

Comments: CONDUCT WHICH DISRUPTS

- 2) Medical Officer (b)(6)(b)(7)(C) was notified at 1530 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: _____

Shift Commander: CAPT (b)(6)(b)(7)(C) Signature: (b)(6)(b)(7)(C)

Date: December 26, 2019 Time: 1530

- 3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 12/27/19 Time: 0730 am / pm

Comments: _____

Superintendent or Designee: (b)(6)(b)(7)(C)



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/26/2019 Incident Date 12/24/2019 Incident Time 16:00
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNW / 118 / 2
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 02 - Violating any rule or regulation, 08 - Conduct which disrupts, 19B - Lang/act/gesture threatening staff.

Otr Inmates Involved: Code Number of Rule(s) Violated, No Housing Assign, Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

On 12/24/2019 I was assigned as the unit officer in C3 for the 1500-2300 shift. An incident occurred involving Boston ICE Detainee (b)(6)(b)(7)(C), # (b)(6)(b)(7)(C) that lead to the writing of this report.

At 1600 hours I was conducting Major Head Count in unit C3. I was on the top tier of the North side of the unit when I heard a detainee refer to me as "baby girl". I returned back towards the area in which I heard the comment and questioned the detainee in that cell as to what he said. The detainee stated that he did not say anything. I continued down the North side of the unit and completed my head count. When I returned to the officers panel Lieutenant (b)(6)(b)(7)(C) asked me what had happened. I explained that someone called me baby girl but was unsure exactly what cell it came from. Although I was pretty sure it was either cell 421 or 422.

At roughly 1700 hours I was conducting chow break for the North side of the unit. The detainees were given their 20 minutes to eat dinner and were instructed to start stepping back into their cells. I asked the detainees multiple times to please break it up and start shutting their doors. A group of detainees were on the top tier of the North side directly above the officers panel when I again heard a detainee state "we've got you baby girl" to which I explained the importance of respecting all staff including other females working in Unit C3. After this interaction the remaining detainees stepped into their cells and closed their doors.

Upon investigation of CC TV in the Inner Perimeter Security Department through investigation it was discovered to be Detainee (b)(6)(b)(7)(C) of cell 421 that had made the comments towards me on both occasions.

Respectfully,

Officer (b)(6)(b)(7)(C)
1500-2300hr. Shift

Reporting Officer: (b)(6)(b)(7)(C)
Signature

Shift Supervisor: (b)(6)(b)(7)(C)
Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/26/2019 Incident Date 12/24/2019 Incident Time 16:00
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3 Officer
Involvement: Aggressor

Housing Location: GNW / 118 / 2
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer:

Signature

Date

Reviewing Authority (print name): _____

Signature

Date:

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
044 287 948	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 12/29/2019

3. Date of Disciplinary Proceeding (If Applicable):
1/2/2020

4. Length of Disciplinary Sanction (If Applicable):
5 days disciplinary detention

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On December 29, 2019, while removing a detainee for being disruptive (b)(6)(b)(7)(C) began mimicking the Lieutenant in a sarcastic voice stating, "come to the door, turn around and place your hands behind your back". (b)(6)(b)(7)(C) has been moved several times for "catcalling" female officers.

6. Did the detainee request segregation?

- YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?

See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

- YES NO

ICE Review of Segregation Cases

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended discipline.

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

Unknown date - Subject entered United states without being inspected or admitted.

7/30/1991 - I-130 approved.

12/22/1993 - Subject entered the US as a LPR in Miami, FL.

4/15/2019 – Detainer placed.

5/9/2019 – Notice to Appear Issued.

7/9/2019 – Detainer lifted.

7/10/2019 – Notice to Appear Served.

12/10/2019 – IJ Ordered Excluded/Removed (appeal reserved due 1/9/2020).

1/3/2020 – BIA received case appeal.

CRIMINAL HISTORY:

ARRAIGNMENT: (0001)

ICE Review of Segregation Cases

ARG-DATE: 03/18/19 PD: SEE COURT: TAUNTON DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS A CONT SUB CSA POSS A
STATUS: O WPD: WDT:
DISP: C 5/10/19

ARRAIGNMENT: (0002)
ARG-DATE: 02/01/19 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN BY ASPORTATION 3RD SHOPLIFT
STATUS: W WPD: WDT: / /
DISP: PTCOR-A 2/26/19 DF 3/4/19 D/R CC 3/18/19 DF

ARRAIGNMENT: (0003)
ARG-DATE: 01/11/19 PD: SOE COURT: SOMERVILLE DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN BY CONCEALING MDSE SHOPLIFT
STATUS: O WPD: WDT:
DISP: DF 2/4/19 D/R PTCOR-A 4/5/19 5/17/19

ARRAIGNMENT: (0004)
ARG-DATE: 11/07/18 PD: COURT: SALEM DISTRICT DKT#: (b)(7)(E)
OFF: LARCENY LESS -\$1200 LAR LESS
STATUS: O WPD: WDT:
DISP: DF 11/8/18 D/R 1/9/19 DF 1/11/19 D/R 5/16/19

ARRAIGNMENT: (0005)
ARG-DATE: 11/07/18 PD: COURT: SALEM DISTRICT DKT#: (b)(7)(E)
OFF: LARCENY LESS -\$1200 LAR LESS
STATUS: O WPD: WDT:
DISP: DF 11/8/18 D/R 1/9/19 DF 1/11/19 D/R 5/16/19

ARRAIGNMENT: (0006)
ARG-DATE: 10/31/18 PD: SAU COURT: LYNN DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN BY ASPORTATION 3RD SHOPLIFT
STATUS: O WPD: WDT:
DISP: 3/21/19 DF 4/18/19 D/R 5/8/19

ARRAIGNMENT: (0007)
ARG-DATE: 10/02/18 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN \$250+ BY ASPORTATIO SHOPLIFT
STATUS: W WPD: WDT: / /
DISP: C 2/26/19 DF 3/4/19 D/R 3/18/19 DF

ARRAIGNMENT: (0008)
ARG-DATE: 09/25/18 PD: REA COURT: WOBURN DISTRICT DKT#: (b)(7)(E)
OFF: OPERATING AFTER SUSPEND LIC 114B-SUS
STATUS: C WPD: REA WDT:
DISP: CC SS 12/28/18 DF 1/10/19 D/R PD DISM

ARRAIGNMENT: (0009)
ARG-DATE: 03/12/18 PD: EVE COURT: MALDEN DISTRICT DKT#: (b)(7)(E)

ICE Review of Segregation Cases

OFF: SHOPLIFTIN 2ND SHOPLIFT
STATUS: C WPD: WDT:
DISP: C 6/8/18 DF 6/19/18 DR PD DISM

ARRAIGNMENT: (0010)
ARG-DATE: 02/07/18 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: TRESPASSING TRES
STATUS: W WPD: WDT: / /
DISP: C 7/17/18 G 100 FINE 3/18/19 DF

ARRAIGNMENT: (0011)
ARG-DATE: 12/27/17 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: LARCENY MORE OVER \$250 LAR MORE
STATUS: C WPD: WDT:
DISP: C 6/21/18 NP

ARRAIGNMENT: (0012)
ARG-DATE: 10/14/16 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN \$100+ BY ASPORTATIO SHOPLIFT
STATUS: C WPD: WDT:
DISP: C 11/29/16 G 6MO CMTD CONC

ARRAIGNMENT: (0013)
ARG-DATE: 04/20/16 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: SHOPLIFTIN \$100+ BY ASPORTATIO SHOPLIFT
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/17 VWF VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0014)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VWF VN 11/29/16 VOP PROB REVOKE 6MO CMTD

ARRAIGNMENT: (0015)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISTRIBUTE/DISPENSE CLASS A CSA DIST A
STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0016)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: CONTROL SUBSTANCE SCHOOL CSA SCHOOL
STATUS: C WPD: WDT:
DISP: C 9/21/16 DISM

ARRAIGNMENT: (0017)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS TO DISTRIBUTE CLASS A CSA POSS DIST A

ICE Review of Segregation Cases

STATUS: C WPD: WDT:
DISP: C 9/21/16 G PROB 9/21/18 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0018)
ARG-DATE: 02/17/16 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS E CONT SUB CSA POSS E
STATUS: C WPD: WDT:
DISP: C 9/21/16 CWO 9/21/17 VN 11/29/16 VOP PROB REVOKE 6MO CMTD CONC

ARRAIGNMENT: (0019)
ARG-DATE: 08/03/15 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISORDERLY CONDUCT DIS COND
STATUS: C WPD: WDT:
DISP: C 8/19/15 CC 4/21/16 DISM

ARRAIGNMENT: (0020)
ARG-DATE: 10/30/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0021)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DISTRIBUTE/DISPENSE CLASS A CSA DIST A
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0022)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: CONTROL SUBSTANCE SCHOOL CSA SCHOOL
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0023)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS CLASS E CONT SUB CSA POSS E
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0024)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: POSS TO DISTRIBUTE CLASS A CSA POSS DIST A
STATUS: C WPD: WDT:
DISP: C 5/12/15 DISM

ARRAIGNMENT: (0025)
ARG-DATE: 10/01/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)
OFF: DIST COUNTERFEIT DRUG CSA DIST CNTRFT
STATUS: C WPD: WDT:

ICE Review of Segregation Cases

DISP: C 5/12/15 DISM

ARRAIGNMENT: (0026)

ARG-DATE: 08/08/14 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: POSS CLASS A CONT SUB CSA POSS A

STATUS: C WPD: WDT:

DISP: % C 1/15/15 JT 4/23/15 DISM

ARRAIGNMENT: (0027)

ARG-DATE: 12/26/13 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

STATUS: C WPD: WDT:

DISP: % C 10/7/14 DISM

ARRAIGNMENT: (0028)

ARG-DATE: 12/26/13 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: THREATENING COMM CRIME THREAT

STATUS: C WPD: WDT:

DISP: % C 10/7/14 DISM

ARRAIGNMENT: (0029)

ARG-DATE: 03/05/13 PD: 655 COURT: EAST BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER 114B

STATUS: C WPD: WDT:

DISP: CC 4/8/13 DFR 4/11/13 TBD 5/13/13 DISM

ARRAIGNMENT: (0030)

ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

STATUS: C WPD: WDT:

DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0031)

ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT DANGEROUS WEAPON ASLT DW

STATUS: C WPD: WDT:

DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0032)

ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: INTIMIDATION INTIM

STATUS: C WPD: WDT:

DISP: % C 12/2/11 JT 3/19/12 DISM

ARRAIGNMENT: (0033)

ARG-DATE: 11/02/11 PD: REV COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: LARCENY MORE LAR MORE

STATUS: C WPD: WDT:

DISP: % C 12/2/11 JT 3/19/12 DISM

ICE Review of Segregation Cases

ARRAIGNMENT: (0034)

ARG-DATE: 05/10/11 PD: SA7 COURT: STOUGHTON DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER SUSPEND REG 114C-SUS

STATUS: C WPD: WDT:

DISP: CC C7/14/11 C9/15/11 PD DISM

ARRAIGNMENT: (0035)

ARG-DATE: 05/10/11 PD: SA7 COURT: STOUGHTON DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: CC C7/14/11 C9/15/11 PD DISM

ARRAIGNMENT: (0036)

ARG-DATE: 02/10/09 PD: BOS COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: A&B DANGEROUS WEAPON A&B DW

STATUS: C WPD: WDT:

DISP: C 5/6/09 DISM

ARRAIGNMENT: (0037)

ARG-DATE: 02/10/09 PD: BOS COURT: BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: ASSAULT AND BATTERY A&B

STATUS: C WPD: WDT:

DISP: %C 5/6/09 C 5/5/10 SP REST VWF VOP C 5/5/10 DISM

ARRAIGNMENT: (0038)

ARG-DATE: 05/18/05 PD: LYF COURT: PEABODY DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: C 8/2/05 CC PD DISM

ARRAIGNMENT: (0039)

ARG-DATE: 05/18/05 PD: LYF COURT: PEABODY DISTRICT DKT#: (b)(7)(E)

OFF: ATTACHING WRONG MV PLATES 124P

STATUS: C WPD: WDT:

DISP: C 8/2/05 DISM

ARRAIGNMENT: (0040)

ARG-DATE: 06/05/03 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: ATTACHING WRONG MV PLATES 124P

STATUS: C WPD: WDT:

DISP: DF2/18/04 D/R CC PD DISM

ARRAIGNMENT: (0041)

ARG-DATE: 06/05/03 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: COMPULSORY INSURANCE VIOLATION 118A

STATUS: C WPD: WDT:

DISP: DF 2/18/04 D/R CC PD DISM

ICE Review of Segregation Cases

ARRAIGNMENT: (0042)

ARG-DATE: 02/07/01 PD: BOS COURT: EAST BOSTON DISTRICT DKT#: (b)(7)(E)

OFF: POSS CLASS D CONT SUB MARIJUANA CSA POSS D

STATUS: C WPD: WDT:

DISP: CC 3/7/01 DF DR 3/8/01 3/13/01 DISM

ARRAIGNMENT: (0043)

ARG-DATE: 05/07/99 PD: CHL COURT: CHELSEA DISTRICT DKT#: (b)(7)(E)

OFF: OPERATING AFTER SUSPEND LIC 114B-SUS

STATUS: C WPD: WDT:

DISP: DF 5/19/99 D/R CC 6/18/99 PD DISM

13. Reviewing Sup

(b)(6)(b)(7)(C)

AAFD

14. Date:

1-13-20

(b)(6)(b)(7)(C)

Assistant Field

(b)(6)(b)(7)(C)



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/29/2019 Incident Date 12/29/2019 Incident Time 18:55
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3
Involvement: Participant

Housing Location: GNE / 116 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 01B - Lying to Staff, 08 - Conduct which disrupts, 02 - Violating any rule or regulation, 01C - Insolence to staff.

Otr Inmates Involved: No Housing Assign
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

Sir,
On Sunday December 29, 2019 I was assigned as the Zone 3 Lieutenant for the 1500-2300 hours shift. At approximately 1600 hours an incident occurred in Unit C3 when I was removing detainee (b)(6)(b)(7)(C) from Unit C3 to Unit G. Another detainee from the area of cells C326-C330 mimicked me in a sarcastic voice and manner stating "come to the door, turn around and place your hands behind your back."
At approximately 1825 hours, I conducted interviews on cells C326-C330 in room C335. (See Informational Report).
At approximately 1855 hours after the investigation was over, I ordered (b)(6)(b)(7)(C) to turn around and place his hands behind his back to which he complied. Officer (b)(6)(b)(7)(C) applied handcuffs without issues. He was then escorted out of the unit and to the Medical Department.
Once in Medical, he was seen by Medical Officer (b)(6)(b)(7)(C) who performed the Initial Segregation Assessment and authorized him to be housed in Unit G. (b)(6)(b)(7)(C) was then escorted to Unit G without issues.
Detainee (b)(6)(b)(7)(C) property was packed and inventoried by CERT (See Attached).

Reporting Officer: (b)(6)(b)(7)(C) Signature
Shift Supervisor: (b)(6)(b)(7)(C) Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 12/29/2019 Incident Date 12/29/2019 Incident Time 18:55
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C)
Location: C3
Involvement: Participant

Housing Location: GNE / 116 / 1
Reporting Officer: (b)(6)(b)(7)(C)

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature Date

Reviewing Authority (print name): _____

Signature Date:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 01/05/2020 Incident Date 01/05/2020 Incident Time 10:41
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Location: GNW / 112 / 1
Location: DS3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Aggressor

Table with 2 columns: Code Number of Rule(s) Violated, Offense Type. Rows include 08 - Conduct which disrupts and 19A - Lang/act/gesture threatening inmate.

Otr Inmates Involved: (b)(6)(b)(7)(C) DS3 / 307 / 2 Victim (b)(6)(b)(7)(C)
Code Number of Rule(s) Violated Offense Type

Report Subject: Inmate Misconduct

Statement of Offense:

On Sunday January 5, 2020 I was assigned as the lieutenant for Zone 3 on the 0700-1500hr shift.

I received a phone call from Unit DS3 Officer (b)(6)(b)(7)(C) advising me that an assault had possibly occurred. Officer (b)(6)(b)(7)(C) had told me that he was alerted by inmate (b)(6)(b)(7)(C) (INS Detainee) and several other inmates that (b)(6)(b)(7)(C) # (b)(6)(b)(7)(C) (INS Detainee) had struck him in the face while in the dayroom.

An investigation with the IPS Department was conducted into the alleged incident.

IPS Officer (b)(6)(b)(7)(C) advised me at 1040hrs the Unit DS3 CCTV showed (b)(6)(b)(7)(C) sitting at a table in the dayroom playing cards. The CCTV also showed (b)(6)(b)(7)(C) walk towards the dayroom table where (b)(6)(b)(7)(C) was sitting, (b)(6)(b)(7)(C) then approaches (b)(6)(b)(7)(C) and extends a closed hand to the right side of (b)(6)(b)(7)(C) face. It was clear in the video that the strike by (b)(6)(b)(7)(C) was without a lot of force, brushing the side of (b)(6)(b)(7)(C) face. (b)(6)(b)(7)(C) is then seen immediately standing up alerting the officer of the situation along with other inmates. In no way did (b)(6)(b)(7)(C) retaliate against or strike (b)(6)(b)(7)(C)

After interviews and review of the CCTV footage it was determined that (b)(6)(b)(7)(C) was disrupting the orderly running of the unit.

Due to his actions (b)(6)(b)(7)(C) was removed from his unit to segregation. (See Informational Report).

Reporting Officer: (b)(6)(b)(7)(C) Shift Supervisor: (b)(6)(b)(7)(C)
Signature Signature

Disposition of Evidence:



Plymouth County Correctional Facility
Disciplinary Report

Incident ID: (b)(7)(E)

Report Date 01/05/2020 Incident Date 01/05/2020 Incident Time 10:41
Booking Number: (b)(6)(b)(7)(C) Inmate ID: (b)(6)(b)(7)(C)

Inmate Name: (b)(6)(b)(7)(C) Location: GNW / 112 / 1
Location: DS3 Officer Reporting Officer: (b)(6)(b)(7)(C)
Involvement: Aggressor

Action Taken (Including Use of Force):

Awaiting Action _____ Minor Sanction _____ Major Violation _____
Referred to D.A. _____ Investigation _____ Date Commenced _____

Disciplinary Officer: _____
Signature Date

Reviewing Authority (print name): _____

Signature Date:



Informational Report

Incident ID: (b)(7)(E)

Report Date
01/05/2020

Incident Date
01/05/2020

Incident Time
10:40

Name/Event: (b)(6)(b)(7)(C)
Incident Location: DS3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNW / 112 / 1

Persons Involved: (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

Report Subject: Inmate Misconduct Reporting Officer: (b)(6)(b)(7)(C)



Informational Report

Incident ID: (b)(7)(E)

Report Date
01/05/2020

Incident Date
01/05/2020

Incident Time
10:40

Name/Event: (b)(6)(b)(7)(C)
Incident Location: DS3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNW / 112 / 1

On Sunday January 5, 2020 I was assigned as the lieutenant for Zone 3 on the 0700-1500hr shift.

I received a phone call from Unit DS3 Officer (b)(6)(b)(7)(C) advising me that an assault had possibly occurred. Officer (b)(6)(b)(7)(C) had told me that he was alerted by inmate (b)(6)(b)(7)(C) (INS Detainee) and several other inmates that (b)(6)(b)(7)(C) (INS Detainee) had struck him in the face while in the dayroom. I was advised by Officer (b)(6)(b)(7)(C) that he was locking the unit down and that (b)(6)(b)(7)(C) was isolated in the dayroom by the panel.

I then immediately responded to address the situation from Unit C3 where I was conducting an unannounced security round.

Once I arrived to the outer sally port I informed third floor CERT of the situation in Unit DS3. I was then joined by CERT Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) before entering the unit.

Upon arrival to the unit I observed (b)(6)(b)(7)(C) standing by the officer's panel. Due to the fact that (b)(6)(b)(7)(C) was accused of assaulting another inmate I ordered him to face away from me and place his hands behind his back. (b)(6)(b)(7)(C) complied with my orders and was handcuffed (double locked) by Officer (b)(6)(b)(7)(C) without incident. (b)(6)(b)(7)(C) was then escorted to the Medical Department so that he could be evaluated and cleared to be housed in Unit G. Medical Officer (b)(6)(b)(7)(C) evaluated and cleared (b)(6)(b)(7)(C) to be housed in Unit G. (b)(6)(b)(7)(C) was then escorted to Unit G without incident.

During the escort I asked (b)(6)(b)(7)(C) if he had pushed or hit another inmate. (b)(6)(b)(7)(C) then stated that he did push another inmate. When I asked (b)(6)(b)(7)(C) the name of the inmate he pushed (b)(6)(b)(7)(C) retracted his statement and now claimed that he did not hit or push anyone. Once we arrived in Unit G I again asked if he had hit or pushed another inmate in the unit. (b)(6)(b)(7)(C) stated that he did not touch anyone. I then concluded my interview with (b)(6)(b)(7)(C) I looked to see if (b)(6)(b)(7)(C) had any marks on him that were consistent with an assault or fight occurring. (b)(6)(b)(7)(C) did not have any marks on him that would be consistent with a fight or assault.

I then responded to the Zone 3 office and contacted IPS Officer (b)(6)(b)(7)(C) I advised IPS Officer (b)(6)(b)(7)(C) about the situation in Unit DS3. I provided the details of the alleged incident including times, location and the possible inmates involved to IPS Officer (b)(6)(b)(7)(C) so that he could review CCTV.

I then contacted Unit DS3 Officer (b)(6)(b)(7)(C) and advised him to send the potential victim (b)(6)(b)(7)(C) to the Zone 3 office so that I could conduct an interview with him to find out further details of the alleged incident. (b)(6)(b)(7)(C) then responded to the Zone 3 office with another inmate, (b)(6)(b)(7)(C) (INS Detainee) who would be used as interpreter.

I asked (b)(6)(b)(7)(C) what had happened in the unit. (b)(6)(b)(7)(C) had stated that he was at a dayroom table playing cards and (b)(6)(b)(7)(C) came up to him and brushed him across the face with his hand. (b)(6)(b)(7)(C) then stated after this happened he and other inmates in the unit alerted the unit officer immediately of the situation. I then asked (b)(6)(b)(7)(C) if it was an open or closed hand that hit his face. (b)(6)(b)(7)(C) stated it was a closed hand. I then asked (b)(6)(b)(7)(C) how hard was the force of the hit. (b)(6)(b)(7)(C) stated that it was a very light hit but unwanted contact. I then concluded my interview with (b)(6)(b)(7)(C) I observed that (b)(6)(b)(7)(C) had no marks on him that would indicate a severe assault or fight occurred. (b)(6)(b)(7)(C) was asked if he wanted to be seen by medical. (b)(6)(b)(7)(C) stated that he was fine and did not need any medical attention.

I was then contacted by IPS Officer (b)(6)(b)(7)(C) and advised that the the CCTV did show that an incident had occurred. I was advised by IPS Officer (b)(6)(b)(7)(C) that at 1040hrs the Unit DS3 CCTV showed (b)(6)(b)(7)(C) sitting at a table in the dayroom playing cards. The CCTV also showed (b)(6)(b)(7)(C) walk towards the dayroom table where (b)(6)(b)(7)(C) was sitting, (b)(6)(b)(7)(C) then approaches (b)(6)(b)(7)(C) and extends a closed hand to the right side of (b)(6)(b)(7)(C) face. It was clear in the video that the strike by (b)(6)(b)(7)(C) was without a lot of force, brushing the side of (b)(6)(b)(7)(C) face. (b)(6)(b)(7)(C) is then seen immediately standing up alerting the officer of the situation along with other inmates. In no way did (b)(6)(b)(7)(C) retaliate against or strike (b)(6)(b)(7)(C)

For my purposes I responded to the IPS Department to review the footage IPS Officer (b)(6)(b)(7)(C) found and observed all the same things that were captured on Unit DS3 CCTV.

Due to the fact that I was able to corroborate (b)(6)(b)(7)(C) statements that he made to me I determined that he was a victim in the incident and will receive no disciplinary reports and would not be removed from his unit to segregation.



Informational Report

Incident ID: (b)(7)(E)

Report Date
01/05/2020

Incident Date
01/05/2020

Incident Time
10:40

Name/Event: (b)(6)(b)(7)(C)
Incident Location: DS3 Officer

Booking Number: (b)(6)(b)(7)(C)
Housing Location: GNW / 112 / 1

I asked (b)(6)(b)(7)(C) if he felt safe returning to his unit. (b)(6)(b)(7)(C) stated that he did feel safe to return to his unit. (b)(6)(b)(7)(C) was then sent back to Unit DS3 from the Zone 3 office without any issues.

Keep separates were added in OMS between (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) to avoid any future conflicts.

(b)(6)(b)(7)(C) property was packed and inventoried by Officers (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C). A signed property inventory sheet is attached to this report.

A disciplinary report was generated on Henrique for conduct which disrupts.

(b)(6)(b)(7)(C)

Officer Name

(b)(6)(b)(7)(C)

FSC Name

Officer Signature

Date:

Shift Supervisor: (b)(6)(b)(7)(C)

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	[REDACTED]	Male	Medium/High	BOS	Plymouth C.C.F.

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 01/05/2020

3. Date of Disciplinary Proceeding (If Applicable):
01/08/2020

4. Length of Disciplinary Sanction (If Applicable):
Suspended time

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On January 5, 2020, several detainees notified the unit officer that (b)(6)(b)(7)(C) struck (b)(6)(b)(7)(C) with a closed hand to the face. The unit was locked down, (b)(6)(b)(7)(C) was removed from the unit for an investigative interview. (b)(6)(b)(7)(C) admitted to "pushing" another detainee but quickly retracted his statement. Review of CCTV footage showed that (b)(6)(b)(7)(C) approached (b)(6)(b)(7)(C) and made contact to his face with a closed fist. Both detainees were cleared by the medical unit, (b)(6)(b)(7)(C) returned to general population and (b)(6)(b)(7)(C) was moved to Administrative Segregation pending a hearing with the Disciplinary Board for (08) Conduct which disrupts and (19A) Language/act/gesture threatening inmate.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. **Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)?** See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. **Does the detainee have a mental illness or serious medical illness or serious physical disability?**

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. **Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?**

YES NO

If yes, explain:

N/A

10. **Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)**

YES NO

Explain why or why not:

N/A

11. **Additional Comment**

12. **Describe the detainee's immigration history and prior criminal history, if applicable:**

ICE Review of Segregation Cases

Immigration:

11/10/2015-Entered the United States through New York, NY with a valid non-immigrant visa (B2) with authorization not to exceed 05/10/2016.

09/16/2016-Subject filed an Application for Asylum and for Withholding of Removal (I-589) with USCIS.

06/17/2019-ICE detainer lodged with Cumberland County Jail based on a biometric match as a result of the criminal arrest.

09/30/2019-IJ orders removed; alien reserves appeal due 10/28/2019.

10/28/2019-BIA received appeal, currently pending.

Criminal History

06/15/2019-Subject arrested by the Portland Maine Police Department for: Assault, Refusing to Submit to Arrest.

06/17/2019-Subject granted release on Personal Recognizance for criminal charges. Cumberland County Jail contacted Portland Maine ICE ERO due to active ICE detainer.

06/18/2019-Subject taken into ICE custody.

13. Reviewing Supervisory Officer

(b)(6)(b)(7)(C)

Assistant Field O



14. Date: 1-22-20

Superintendent

(b)(6)(b)(7)(C)

Administrative Captain

(b)(6)(b)(7)(C)

Security Captain

(b)(6)(b)(7)(C)

Programs and Education

(b)(6)(b)(7)(C)

STRAFFORD COUNTY DEPARTMENT OF CORRECTIONS 266 County Farm Road Dover, New Hampshire 03820 Telephone: (603) 742- (b)(6)(b)(7)(C) Fax: (603) 742- (b)(6)(b)(7)(C) e-mail: (b)(6)(b)(7)(C)@co.strafford.nh.us



Special Housing Status Review

On 10Feb2020, I, Classifications Officer (b)(6)(b)(7)(C), conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent # (b)(6)(b)(7)(C) who is presently in: Protective Custody Status [] Other Administrative Segregation [X] Disciplinary Segregation []

Date Inmate/Detainee was placed in this status: 1/21/20 @ 2014 hrs

Inmate/Detainee has been in this Segregation status for ___ days (24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:

Table with 3 columns: Question, YES, NO. Contains 8 rows of questions regarding detainee placement and behavior.

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

Table with 3 columns: Question, YES, NO. Contains 5 rows of questions regarding detainee showers, exercise, meals, and medical visits.

Translation into the Spanish or other language provided by: N/A

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [] Signature _____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [] Signature _____

Comments: Inmate (b)(6)(b)(7)(C) is currently housed in our Medical Department for medical observation which is an upgrade from her previous status of Suicidal.

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: Ofc (b)(6)(b)(7)(C) Date/Time: 2/10/20 @ 0845

ICE Review of Segregation Cases

Detainee, (b)(6)(b)(7)(C) remains in administrative segregation as a mental health observation for signs of:

Unspecified Schizophrenic or related psychotic disorder; Adjustment disorder

6. Did the detainee request segregation?

YES NO

Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

7. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue: Unspecified Schizophrenic or related psychotic disorder; Adjustment disorder

8. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

9. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

10. Additional Comment: None.

11. Describe the detainee's immigration history and prior criminal history, if applicable: Detainee, (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) is a native citizen of the Dominican Republic who entered the U.S. on 10/19/2002 as a law permanent resident. She was arrested for Defrauding and Insurer on 3/8/2003 and found guilty out of the Lawrence District Court on 10/31/2005. She was sentenced to 1 year HOC and a \$5,000.00 fine.

12. Reviewing Supervisory Officer _____

13. Date: 2/11/2020

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	F	Low	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 1/22/2020

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LBGT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was arrested by Boston ICE/ERO Fugitive Operations on 1/20/20 and booked into Strafford County House of Corrections Dover, NH that same day. Upon intake, she reported that she was thinking of hurting herself. She reported that she has a history of attempted suicide where she told the nurse that during her last incarceration in Lawrence, MA, she cut herself. Subject was placed in booking on a Level 1 Suicide Watch.

On 1/22/2020, detainee (b)(6)(b)(7)(C) submitted a Sick Slip stating that she was hearing voices and was depressed and that she could not sleep alone along with having menstrual pain. At that time, she was placed in the Strafford Medical unit under suicide watch with checks occurring every 15 minutes. She is currently waiting to be evaluated by mental health.

On 1/31/2020, she seen mental health and was cleared of suicide watch.

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	F	Low	BOS	Strafford County HOC

1. Type of Notification:

- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 1/22/2020

3. Date of Disciplinary Proceeding (If Applicable):
N/A

4. Length of Disciplinary Sanction (If Applicable):
N/A

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input checked="" type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|---|--|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement: Subject was arrested by Boston ICE/ERO Fugitive Operations on 1/20/20 and booked into Strafford County House of Corrections Dover, NH that same day. Upon intake, she reported that she was thinking of hurting herself. She reported that she has a history of attempted suicide where she told the nurse that during her last incarceration in Lawrence, MA, she cut herself. Subject was placed in booking on a Level 1 Suicide Watch.

On 1/22/2020, detainee (b)(6)(b)(7)(C) submitted a Sick Slip stating that she was hearing voices and was depressed and that she could not sleep alone along with having menstrual pain. At that time, she was placed in the Strafford Medical unit under suicide watch with checks occurring every 15 minutes. She is currently waiting to be evaluated by mental health.

6. Did the detainee request segregation?

- YES NO

ICE Review of Segregation Cases

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

11. Additional Comment: None.

12. Describe the detainee's immigration history and prior criminal history, if applicable: Detainee, (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) is a native citizen of the Dominican Republic who entered the U.S. on 10/19/2002 as a law permanent resident. She was arrested for Defrauding and Insurer on 3/8/2003 and found guilty out of the Lawrence District Court on 10/31/2005. She was sentenced to 1 year HOC and a \$5,000.00 fine.

13. Reviewing Supervisory Officer: (b)(6)(b)(7)(C)

14. Date: 1/22/19

Superintendent

(b)(6)(b)(7)(C)

Administrative Captain

(b)(6)(b)(7)(C)

Security Captain

(b)(6)(b)(7)(C)

Programs and Education

(b)(6)(b)(7)(C)

STRAFFORD COUNTY DEPARTMENT
OF CORRECTIONS
266 County Farm Road
Dover, New Hampshire 03820
Telephone: (603) 742- (b)(6)(b)(7)(C)
Fax: (603) 742- (b)(6)(b)(7)(C)
e-mail: (b)(6)(b)(7)(C)@co.strafford.nh.us



Special Housing Status Review

On 22Jan2020, I, **Classifications Officer** (b)(6)(b)(7)(C) conducted a formal review of the Special housing status of ICE Detainee (b)(6)(b)(7)(C) Permanent # (b)(6)(b)(7)(C) who is presently in: Protective Custody Status [] **Other Administrative Segregation** [X] Disciplinary Segregation []

Date Inmate/Detainee was placed in this status: 1/21/20 @ 2014 hrs

Inmate/Detainee has been in this Segregation status for days (24 Hrs/72 Hrs/7 Days/Weekly/30 Days/60 Days/More)

The following factors were reviewed with the results as indicated:

	YES	NO
1. Does the reason for initial placement remain valid?	[X]	[]
2. Does the detainee pose a threat to himself?	[]	[X]
3. Does the detainee pose a threat to others?	[]	[X]
4. Does the detainee pose a threat to property?	[]	[X]
5. Does the detainee pose a threat to security?	[]	[X]
6. Is the detainee defiant towards authority?	[]	[X]
7. Is the detainee unwilling or unable to live in the general population?	[]	[X]
8. Is the detainee's habitual conduct, language, or behavior of a type which may provoke or instigate stressful/violent situations amongst the general population?	[]	[X]

If any of the above factors are marked "YES", the Inmate/Detainee must continue his/her existing status, unless the reporter determines otherwise. If all factors are marked "NO," the detainee may be released.

DOCUMENT REVIEW

1. Is the detainee being offered three showers/week and taken showers?	[X]	[]
2. Is the detainee exercising at least one hour daily, 5 days a week?	[X]	[]
3. Is the detainee being offered three meals daily and consuming at least one meal daily?	[X]	[]
4. Is the detainee receiving daily visits from medical staff?	[X]	[]
5. Are the special housing officers signing and properly filling out the special housing unit record?	[X]	[]

Translation into the Spanish or other language provided by: N/A

I state that the initial reason for my placement in Protective Custody (PC) no longer remains valid. I am requesting removal from PC status. [] Signature _____

I state that the initial reason for my placement in Protective Custody (PC) remains valid. I am requesting to remain on PC status. [] Signature _____

Comments: Inmate (b)(6)(b)(7)(C) made suicidal statements during her medical intake shortly after arriving to our facility and is being housed in the Medical Department pending further evaluation.

For the reasons above, I recommend / I do not recommend removal from segregation status.

Classifications Officer signature: _____

(b)(6)(b)(7)(C)

88

Date/Time: 1/22/20 @ 0920



**ADMINISTRATIVE
SEGREGATION ORDER**

- 1) The inmate listed below has been placed in Administrative Segregation or alternative housing pending classification, disciplinary review / action, for a medical watch, suicide prevention, or his own protection, as identified.
- a) An Inmate who has committed a disciplinary offense is entitled to remain in his existing status pending disciplinary review, unless it is determined that he constitutes a threat to himself, to others, to staff, or to institutional security. Upon such a determination, an inmate may be housed in pre-hearing detention. Indicate below substantial reasons supporting a determination that this inmate requires pre-hearing detention.

Inmate's Name: (ICE) INMATE (b)(6)(b)(7)(C) ID #: (b)(6)(b)(7)(C)

Reason for Segregation <i>Place an 'X' in the applicable box, articulate further information below.</i>	Location of Housing Assigned <i>Place an 'X' in the applicable box, articulate further information below.</i>
<input type="checkbox"/> Pending Re-Classification	<input checked="" type="checkbox"/> Unit G
<input checked="" type="checkbox"/> Pending Disciplinary Review / Action	<input type="checkbox"/> Booking & Release Orientation
<input type="checkbox"/> Medical Watch / Mental Health Watch	<input type="checkbox"/> Medical
<input type="checkbox"/> Protective Custody / Housing / Enemy Issues	
<input type="checkbox"/> Suicide Watch	
<input type="checkbox"/> Other, list below	<input type="checkbox"/> Other: List below

Comments: ASSAULT ON ANOTHER INMATE

2) Medical Officer (b)(6)(b)(7)(C) was notified at 1105 hrs. and advised to review this inmate's chart for contraindications to placement in Administrative Segregation. Upon review, this officer advised the following:

- There were **NO** medical issues noted that would preclude placement in Administrative Segregation.
- There are existing medical issues requiring address, listed as follows:

Comments: _____

Shift Commander:
CAPT. ED BOMBARDIER

Signature: (b)(6)(b)(7)(C)

Date: January 12, 2020 Time: 1105

3) Where pre-hearing segregation is ordered by a Shift Commander, the order must be reviewed by the Superintendent or designee within 72 hours. Indicate review of pre-detention order:

Review Date: 1/14/20 Time: 0730 am / pm

Comments: _____

Superintendent or Designee: (b)(6)(b)(7)(C)



Informational Report

Report Date 01/12/2020 Incident Date 01/12/2020 Incident Time 11:10 Incident Location DN3 Officer
Report Subject: Fight / Assault Inmate Reporting Officer: (b)(6)(b)(7)(C)

Table with 4 columns: Inmates Involved, Name, Housing Location, Booking Number. Contains redacted names and locations.

Sir,

On Sunday January 12, 2020 I was assigned as the Zone 3 Lieutenant for the 0700-1500 hours shift. At approximately 1110 hours an incident occurred, which led to the removal of ICE Detainees (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) from Unit DN3 to Unit G.

Officer (b)(6)(b)(7)(C) (Unit DN3 Officer) called via radio for "the Zone 3 Lieutenant into DN3 for the removal of one." I immediately responded to the Unit with CERT Officer's (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C). Once we entered the unit, I noticed detainee (b)(6)(b)(7)(C) sitting in the back of the dayroom in the dayroom chair. I ordered (b)(6)(b)(7)(C) to stand up, turn around and place his hands behind his back to which he complied. Officer (b)(6)(b)(7)(C) applied handcuffs without issues. (b)(6)(b)(7)(C) was then escorted to the sally port and to the Classroom 3015. Officer (b)(6)(b)(7)(C) stated that (b)(6)(b)(7)(C) kicked a guy in cell DN307. I then went to the cell and asked the detainees in the cell who got kicked, to which (b)(6)(b)(7)(C) stated that it was him. I then ordered him out of the cell and secured the cell door. I ordered (b)(6)(b)(7)(C) to turn around and place his hands behind his back to which he complied. Officer (b)(6)(b)(7)(C) applied handcuffs without issues. He was then escorted to the sally port and out of the unit.

I asked (b)(6)(b)(7)(C) what happened, to which he stated "I was lying down on my bunk and he came over and kicked me in my arm and my hip. We had an argument about me snoring. I told him I couldn't control my snoring and couldn't help it. He told me he was sick of my snoring so he then just came over and kicked me." I then asked him if anything else happened, to which he stated "no, the other guy in my cell buzzed the Officer's panel and told him to come to the cell. Nothing else happened, that was it." I then asked him if he hit him back, to which he stated "no, I was lying down in my bed." I then asked him if his hip or arm was injured, to which he stated "no." Detainee (b)(6)(b)(7)(C) was then escorted to the Medical Department. Once in Medical, he was seen by Medical Officer (b)(6)(b)(7)(C) who performed the Initial Segregation Assessment and authorized him to be housed in Unit G. (b)(6)(b)(7)(C) was then escorted to Unit G without issues.

I then interviewed detainee (b)(6)(b)(7)(C) in the Classroom 3015. I asked him what happened, to which he stated "we've been cellies since we moved from C3, he kept snoring and I was tired of it so I kicked him." I then asked him where he kicked him, to which he stated "he was lying down on his bed so I kicked him on his hip." I then asked him if he ever asked to change cells, to which he stated "no, I probably should have done that." Detainee (b)(6)(b)(7)(C) then stated nothing else. He was then escorted out of the Classroom 3015 and to the Medical Department. Once in Medical, he was seen by Medical Officer (b)(6)(b)(7)(C) who performed the Initial Segregation Assessment and authorized him to be housed in Unit (b)(6)(b)(7)(C) was then escorted to Unit G without issues.

Keep Aways were then entered into the computer. Detainee (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) properties were packed and inventoried by CERT (See Attached).

Signature lines for Officer Name, Officer Signature, Date, FSC Name, FSC Signature, Date.

Shift Supervisor: [Redacted]

ICE Review of Segregation Cases

Alien Number	Last Name, First Name	Gender	Custody Class.	AOR	Facility
206289796	(b)(6)(b)(7)(C)	Male	High	BOS	Plymouth

1. Type of Notification:

- Special Vulnerability
- 14-Day*
- 30-Day
- Other 30-Day Interval:

2. Initial Date of Placement: 01/12/2020

3. Date of Disciplinary Proceeding (If Applicable):
01/15/2020

4. Length of Disciplinary Sanction (If Applicable):
10 days

*This form is necessary for a detainee in segregation for more than 14 days only if:

- The detainee was placed in administrative segregation on the basis of a disability, medical or mental illness, suicide risk, hunger strike, status as a sexual assault victim, or other special vulnerability.
- Regardless of the reason for the placement in segregation, the detainee has a mental illness or serious medical illness or serious physical disability; or
- The FOD determines the segregation placement should be reviewed by ICE headquarters.

5. Reason for Placement: (Select Only One)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Pending Investigation of Disciplinary Violation <input type="checkbox"/> Facility Security: Violent or Disruptive Behavior <input type="checkbox"/> Facility Security: Due to Seriousness of Criminal Conviction <input type="checkbox"/> Facility Security: Gang Member Status (Not Protective Custody) <input type="checkbox"/> Facility Security Threat: Other <input type="checkbox"/> Protective Custody: Criminal Offense (i.e. Sex Offender) <input type="checkbox"/> Protective Custody: Gang Status <input type="checkbox"/> Protective Custody: Victim of Sexual Assault | <ul style="list-style-type: none"> <input type="checkbox"/> Protective Custody: Lesbian, Gay, Bisexual, Transgender (LGBT) <input type="checkbox"/> Protective Custody: Other Special Vulnerability <input type="checkbox"/> Protective Custody: Other <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical: TB or Other Infectious Diseases <input type="checkbox"/> Medical: Disabled or Infirm <input type="checkbox"/> Medical: Detox/Withdrawal Observation <input type="checkbox"/> Medical: Other <input type="checkbox"/> Hunger Strike <input type="checkbox"/> Suicide Risk Placement <input type="checkbox"/> Other |
|--|---|

Provide a detailed description of the reason(s) for the segregation placement, including all relevant facts articulated by the facility in justifying the placement:

On January 12, 2020, at approximately 1110 hours, it was reported by detainees that (b)(6)(b)(7)(C) had kicked (b)(6)(b)(7)(C) while (b)(6)(b)(7)(C) was lying in his bunk. Both detainees were removed from the unit and separated for questioning. Both detainees concurred that (b)(6)(b)(7)(C) had kicked (b)(6)(b)(7)(C) because (b)(6)(b)(7)(C) was snoring and (b)(6)(b)(7)(C) was tired of listening to it. (b)(6)(b)(7)(C) was moved to Administrative Segregation pending a hearing before the Disciplinary Board for: 18A-Fight/assault/threaten an inmate, 02-Violating any rule of regulation, and 08-Conduct which disrupts.

*On January 21, 2020, (b)(6)(b)(7)(C) finished his disciplinary time. (b)(6)(b)(7)(C) was interviewed to see if he would become a problem if returned to general population. (b)(6)(b)(7)(C) stated that he will not return to general population because 5 detainees are housed in each cell. (b)(6)(b)(7)(C) stated that he wanted a transfer to Strafford County House of Corrections or a single cell here at the Plymouth County Correctional Facility. (b)(6)(b)(7)(C) was instructed that those options were not currently available. (b)(6)(b)(7)(C) decided that he would remain in Administrative Segregation by choice.

ICE Review of Segregation Cases

6. Did the detainee request segregation?

YES NO

7. Is the segregation placement in compliance with the requirements of applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews)? See "Standards Reference" tab of the segregation spreadsheet for information about relevant detention standards.

YES NO

If no, explain the area(s) of non-compliance:

N/A

8. Does the detainee have a mental illness or serious medical illness or serious physical disability?

YES NO

If yes, provide a general description of the medical or mental issue:

N/A

9. Does the Field Office Director or his/her designee have any concerns regarding the continued placement in segregation?

YES NO

If yes, explain:

N/A

10. Does the Field Office Director or his/her designee recommend alternatives to segregation based on special vulnerabilities, identified concerns, or other factors? (possible alternatives to segregation include release to general population; transfer to another facility where the detainee can be housed in an environment better suited to the needs of the detainee; transfer to a hospital; or, consistent with the requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.)

YES NO

Explain why or why not:

This detainee does not have any special vulnerabilities. ICE concurs with the facilities recommended housing assignment.

ICE Review of Segregation Cases

11. Additional Comment

12. Describe the detainee's immigration history and prior criminal history, if applicable:

IMMIGRATION HISTORY:

12/07/2013: Entered through Port Canaveral, FL as a non-immigrant visitor permitted to remain in the United States until December 24, 2013.

09/06/2018: Asylum is referred to IJ.

06/06/2018: A Notice to Appear is served charging alien under Section 237(a)(1)(B) of the INA.

08/08/2018: The IJ ordered Subject removed in absentia.

01/09/2020: BIA received case appeal.

CRIMINAL HISTORY:

08/16/18: Lowell District Court

OFF: Leaving Scene/ Property Damage; Indecent Assault & Battery Person

DISP: DISM 05/20/2019

03/30/2018: Lowell District Court

OFF: Assault and Battery

DISP: GUILTY 08/15/2018

08/29/17: Lowell District Court

OFF: A&B Dangerous Weapon

DISP: DF C 02/14/18 D/R DISM

13. Reviewing

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)



Assistant F

14. Date:

1-20-20

ICE Detainee Disciplinary Hearing Rights

You have the right to remain silent. You don't have to make any statements. Your silence will not be used against you during your disciplinary hearing.

Detainee Signature   _____

2/16/2020

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(6)(b)(7)(C)

PART I. REPORT

DETAINEE NAME: (b)(6)(b)(7)(C)		DATE & TIME OF INCIDENT: 5:40PM 2-1-2020	Report No. _____ PLACE OF INCIDENT: J2-17
HOUSING UNIT: J2-Pod	DISCIPLINARY OFFENSE(S): Unauthorized physical conduct	OFFENSE CODE(S): C-10	

SUMMARY OF INCIDENT:

On Friday, January 31, 2020, I Officer (b)(6)(b)(7)(C) as posted as the 2nd shift (3PM-11PM) 118 J2 housing unit officer. At approximately 5:40PM While conducting a security round on the top tier, I noticed Detainee (b)(6)(b)(7)(C) walking in the dayroom. Detainee (b)(6)(b)(7)(C) walked into Detainee (b)(6)(b)(7)(C) shoving him out the way with his shoulder.

(b)(6)(b)(7)(C)

REPORT FILED DATE & TIME:

2/1/2020

(b)(6)(b)(7)(C)

2-2-20

10:30AM

Detainee placed on Administrative Detention pending Disciplinary Hearing: Yes No

Current Housing Assignment: _____

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: _____ TO: _____ 48 HOUR LOCKDOWN FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

PART III. DISCIPLINARY HEARING

(b)(6)(b)(7)(C) HEARING BY: _____ DATE & TIME: 1/3/2020 1PM

DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE: _____ DATE & TIME: _____

YES NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: _____ PRINT: _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: ON DATE/TIME: 2/4/2020 320p

STAFF ASSISTANCE REQUESTED: YES NO STAFF NAME & TITLE IF REQUESTED: _____

WITNESS REQUESTED: YES NO WITNESS NAME(S): _____

DETAINEE'S PLEA: CHARGE #1: C-10 NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #2: _____ NOT GUILTY GUILTY GUILTY WITH EXPLANATION

CHARGE #3: _____ NOT GUILTY GUILTY GUILTY WITH EXPLANATION

DETAINEE SIGNATURE: _____

I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.

SUMMARY OF TESTIMONY: No statement

HEARING OFFICER CONCLUSION: Guilty based on a preponderance of the evidence Reports and Interviews

CHARGE #1: C-10 <input checked="" type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY 15 DAYS DISCIPLINARY SEGREGATION 0 DAYS SUSPENDED FOR 0 MONTHS	CHARGE #2: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY _____ DAYS DISCIPLINARY SEGREGATION _____ DAYS SUSPENDED FOR _____ MONTHS	CHARGE #3: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY _____ DAYS DISCIPLINARY SEGREGATION _____ DAYS SUSPENDED FOR _____ MONTHS
--	--	--

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C)

2/4/2020 320p
2/4/2020 320p

3/12/2020
Released date

DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

PART I. REPORT

(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	DATE & TIME OF INCIDENT: 02-02-20 / 12:30pm	Report No: 2-pod
HOUSING UNIT: 12-pod	DISCIPLINARY OFFENSE(S) CHARGED: Causing the Alert of the Facility CERT Team / Causing a disruption	PLACE OF INCIDENT:	(A-23) (B-3)
SUMMARY OF INCIDENT:		OFFENSE CODE(S):	

On February 2, 2020, I Officer (b)(6)(b)(7)(C) was posted as the J2-pod housing unit officer. At approximately 2:50am Detainee (b)(6)(b)(7)(C) was kicking his cell door. I told Detainee (b)(6)(b)(7)(C) to stop banging his cell door. Detainee (b)(6)(b)(7)(C) did not comply. I then called the Shift Captain Office and told the Sergeant that Detainee (b)(6)(b)(7)(C) was banging and waking up the unit. Upon Sergeant (b)(6)(b)(7)(C) entering the unit and speaking with Detainee (b)(6)(b)(7)(C) he continued to refuse and ignore all orders given. The facility CERT team was activated due to Detainee (b)(6)(b)(7)(C) continuously kicking his cell door. Detainee (b)(6)(b)(7)(C) is being charged with (A-23) Causing the alert of the facility CERT Team and (B-3) Causing a Disruption.

(b)(6)(b)(7)(C)	REPORT FILED DATE & TIME: 2-2-20 6am	EMPLOYEE NAME AND TITLE PRINTED: (b)(6)(b)(7)(C)
ENDING DISCIPLINARY HEARING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE SERVED: 2-7-20	TIME SERVED: 1030hr
CURRENT HOUSING ASSIGNMENT: H37		

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: TO: 48 HOUR LOCKDOWN FROM: TO:

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

PART III. DISCIPLINARY HEARING

NOTICE OF HEARING BY: (b)(6)(b)(7)(C) DATE & TIME: 2/3/2020 1PM

DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: SIGNATURE: _____ DATE & TIME: _____

HEARING: YES NO (IF NOT PRESENT ATTACH WAIVER/REFUSAL TO APPEAR)

STAFF MEMBER WITNESSING REFUSAL: SIGNATURE: _____ PRINT: _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS. *Continuation of hearing* ON DATE: 2/4/2020 3:20P

STAFF ASSISTANCE REQUESTED: YES NO STAFF NAME & TITLE IF REQUESTED: Officer (b)(6)(b)(7)(C)

WITNESS REQUESTED: YES NO WITNESS NAME(S): _____

DETAINEE'S PLEA:

CHARGE #1: A-23	<input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	DETAINEE SIGNATURE: _____ I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.
CHARGE #2: B-3	<input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	
CHARGE #3:	<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	

SUMMARY OF TESTIMONY: *did not have a headache*

HEARING OFFICER CONCLUSION: *Guilty based on a preponderance of the evidence. Reports Interview Body Cam Footage and detainee own admission*

CHARGE #1: A-23 <input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY 25 DAYS DISCIPLINARY SEGREGATION 0 DAYS SUSPENDED FOR 0 MONTHS	CHARGE #2: B-3 <input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY 15 DAYS DISCIPLINARY SEGREGATION 0 DAYS SUSPENDED FOR 0 MONTHS	CHARGE #3: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY _____ DAYS DISCIPLINARY SEGREGATION _____ DAYS SUSPENDED FOR _____ MONTHS
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I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C)

2/4/2020 3:20P
2/4/2020 3:26P

**DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT**

INCIDENT REPORT #:

Time of Incident:	2:50am	Date of Incident :	2/2/2020	Place Incident Occurred:	J2-Pod
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Time of Report :	3:21am	Date of Report:	2/2/2020
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Detainee Name :	(b)(6)(b)(7)(C)	Housing Unit:	J2-Pod
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Codes & Subject:	Causing a Disturbance
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FROM:	Duplicate	DEPARTMENT:	Security
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On February 2, 2020, I Officer (b)(6)(b)(7) was posted as the J2-pod housing unit officer. At approximately 2:50am Detainee (b)(6)(b)(7)(C) was kicking his cell door. I told Detainee (b)(6)(b)(7)(C) SID# (b)(6)(b)(7)(C) to stop banging his cell door. Detainee (b)(6)(b)(7)(C) did not comply. I then called the Shift Captain Office and told the Sergeant that Detainee (b)(6)(b)(7)(C) SID# (b)(6)(b)(7)(C) was banging and waking up the unit. No further evolvement at this time //End of Report ///

Reporting Staff Signature:	(b)(6)(b)(7)(C)
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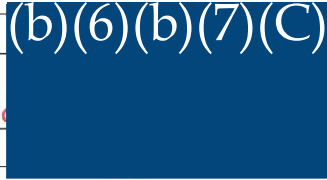
Supervisors Action Taken


Detainee (b)(6)(b)(7)(C) refused orders to stop kicking his cell door and yelling. Due to the climate in the unit rising and Detainee (b)(6)(b)(7)(C) refusing all orders given to him, the CERT team was notified and activated.

Supervisor's Signature:	(b)(6)(b)(7)(C)	Date:	02/02/2020
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Shift Commander's Review and Designation of Class and Type:	<input checked="" type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
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Type of Incident:	O
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Comments/Action Taken: <i>Supplemental to SIR</i>	
Date: <i>2-2-2020</i>	Shift Commander Signature: 

24hr review			
(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)			
Date:	<i>2-2-20</i>	Time:	<i>12-00 AM</i>
Comments/Action Taken: <i>I read the report and based on information received I agree with the lockdown and actions taken.</i>			
Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/>	Modified <input type="checkbox"/>	
Shift Commander / or higher authority Signature:			

Comments/Action Taken:	
<input type="checkbox"/> Class 3 incident – Wardens signature is not applicable.	
Major Signature:	

Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)	
Date:	Warden Signature:

cc: _____



(b)(6)(b)(7)(C)

DONALD W. WYATT DETENTION FACILITY INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	02/02/2020	Time:	2:50AM	X AM	PM	IR Number:	
Incident Class:	1 2 3	Type:					
Incident Location:	J2-Pod	Housing Unit:				J2-Pod	
Prepared By:	Sergeant (b)(6)(b)(7)(C)	Title:				Sergeant	

Narrative:	Causing a Disturbance
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On Sunday February 2, 2020, I Sergeant (b)(6)(b)(7)(C), was posted as 107, Shift Sergeant. At approximately 2:50AM, I received a phone call in the Shift Commander's Office from Officer (b)(6)(b)(7)(C) stating that Detainee (b)(6)(b)(7)(C) was kicking his cell door (J2-47), and it was causing a climate issue within the unit. Officer (b)(6)(b)(7)(C) stated that Detainee (b)(6)(b)(7)(C) told him that he wanted a shower. At approximately 2:55AM, I, Sergeant (b)(6)(b)(7)(C) entered J2-Pod and went to cell J2-47 to speak with Detainee (b)(6)(b)(7)(C). I asked Detainee (b)(6)(b)(7)(C) what his issue was and he stated that he wanted a shower and that he needed to get out of the cell. I gave Detainee (b)(6)(b)(7)(C) an order to put the pencil that he had in his hand down, to face the wall, and to place his hands behind his back, to which he complied. Upon telling Officer (b)(6)(b)(7)(C) to open cell J2-47, Detainee (b)(6)(b)(7)(C) charged the cell door and began kicking and yelling for me to open the cell door. I gave Detainee (b)(6)(b)(7)(C) several more orders to face the wall and place his hands behind his back, which were all ignored. I advised Officer (b)(6)(b)(7)(C) to remain at the cell door and keep his body camera on. Captain (b)(6)(b)(7)(C) was notified of the situation. I had no further involvement with this incident. ///END REPORT///

Reporting Employee Signature: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C)	Title: Sergeant
Date: 02/02/2020 4:00AM X AM PM	Type: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Summary

DONALD W. WYATT DETENTION FACILITY
Investigation Report

INCIDENT REPORT #:

Time of Incident:	2:50am	Date of Incident :	2-2-20	Place Incident Occurred:	J2
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Time of Report :	9:30am	Date of Report:	2-2-20
Time Investigation Started :	9:15am	Date Investigation Started:	2-2-20

Detainee Name :	(b)(6)(b)(7)(C)	Housing Unit:	J2
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Discipline Codes:	Discipline Charges:
A-23	Causing the alert of the facility CERT team
B-3	Causing a disruption
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Investigating Officer:	Sergeant (b)(6)(b)(7)(C)	Department:	Security
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Summary of Incident. On February 2, 2020 Detainee (b)(6)(b)(7)(C) was housed in J2-47. At approximately 2:50am he was seen and videotaped kicking his cells door and refused all orders to comply. Due to his actions, Major (b)(6)(b)(7)(C) approved the activation of the facility's C.E.R.T to remove Detainee (b)(6)(b)(7)(C) from his cell. The C.E.R.T team with no issues and housed in HSU. /// End of Report.///

Photos secured? <input type="checkbox"/> Yes - How many? <input checked="" type="checkbox"/> No	Video secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type (circle one): DVR or Handheld
--	--

Description of contraband and/or weapon(s): N/A

Date/Time logged into evidence: N/A

Appendix J Page 2 of 3

Detainee Statement #1	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement: He said he did this because he wanted a shower.			
Detainee Statement #2	N/A	SID#	N/A
Statement:			
Detainee Statement #3	N/A	SID#	N/A
Statement:			
Staff Witness Statement #1	Sergeant Hemond		
Statement: Sergeant (b)(6)(b)(7)(C) stated he gave him several chances and orders calm down and to cuff up. He ignored all orders that were given until the C.E.R.T team arrived.			
Staff Witness Statement #2	Officer Brooks		
Statement: Officer (b)(6)(b)(7)(C) said that Detainee (b)(6)(b)(7)(C) kept kicking the door and yelling "C'mon! Let's go!"			
Detainee Witness Statement #1	Laureano, Rene	SID#	11276-070
Statement: He stated that Detainee (b)(6)(b)(7)(C) kept him up all night because him being so loud.			

(b)(6)(b)(7)(C)

Detainee Witness Statement #2	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
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Statement: He said that he didn't sleep because of him and he didn't see anything because we covered the windows.

Investigator Conclusion: From watching the videos, the C.E.R.T team being here at the facility and reading the reports of the staff involved. I find that Detainee (b)(6)(b)(7)(C) is in violation of the charges A-23 and B-3. /// End of report.///

(b)(6)(b)(7)(C)

Time Investigation Completed:	9:55am	Da	2-2-20
Investigating Officer Signature:	(b)(6)(b)(7)(C)		

(b)(6)(b)(7)(C)

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING PLACEMENT HEALTH ASSESSMENT FORM

Detainee Name (First Last, First, Initial): (b)(6)(b)(7)(C)	SID #:	DOB:
Notified By (Print Name/Title): (b)(6)(b)(7)(C)		Date/Time Notified: 02-02-20 at 4:15

Health Record Reviewed:

Any Known Active Medical Diagnosis? (Do not include specific diagnosis) Yes No

Medical Concerns Yes No
If yes, describe concern: _____

History of MH or Psychiatric Diagnosis? (Do not include specific diagnosis) Yes No

Active Mental Health Diagnosis? (Do not include specific diagnosis) Yes No

Suicide Ideations? If yes, circle one: History/Current Yes No

Suicide Attempts? If yes, circle one: History/Current Yes No
Most Recent Suicide Attempt (mode/date): _____

History of Self Injurious Behavior Yes No
If yes, describe: _____

Most Recent Self-Injurious Behavior (type/date): _____

Homicidal Ideations? If yes, circle one: History/Current Yes No

Other Mental Health concerns? Yes No
If yes, describe: _____

ADA Needs/Accommodations: Yes No

Disposition:

Cleared for Restrictive Housing Placement at this time.

Requires Further Medical or Mental Health Follow-up
 Constant Observation (one on one) (b)(6)(b)(7)(C)

Concerns: _____

Medical and/or Mental Health Referral Completed No

Shift Commander Notified of disposition

Medical Staff: (b)(6)(b)(7), _____ Date/Time: 2/2/20 at 5:00

DONALD W. WYATT DETENTION FACILITY

Commitment Summary Report

Full Name: (b)(6)(b)(7)(C)

SID #: (b)(6)(b)(7)(C)
Permanent: (b)(6)(b)(7)(C)
Booking #: (b)(6)(b)(7)(C)
Jurisdiction: BICE MASSACHUSETTS
Arrested By: BICE
Transported By: Plymouth County

(b)(6)(b)(7)(C)

Admission Type:
Booking Date/Time: 01/24/2020 03:33PM **Release Date:**
Birth Date: (b)(6)(b) **Booking Officer:** 840
Current Age: 20 **Shift:** 2
Race: NOT PROVIDED **Sex:** M
Marital Status: SINGLE
SSN: XXX-XX-XXXX
Height: 5' 6"
Weight: 175
Eye Color: BROWN
Hair Color: BLACK
Complexion: MEDIUM
Build: MEDIUM FRAME

Property Bag #: 143 **Housing:** J-2 47 B
Gang:

Scars, Marks, Tattoos: **Enemies:** **Known Aliases:**

Type:
Officer ID#
Start Date:
End Date:
Reason:
Notes:

Booking Notes:
New Commit
Property searched
Clothes washed

Offense Date:	Offense#:	Offense Description:	Grade:	Sentence Date:
	0300	IMMIGRATION	A	

Notes:

**DONALD W. WYATT DETENTION FACILITY
INCIDENT REPORT**

(b)(6)(b)(7)(C)

INCIDENT REPORT #:

Time of Incident:	5:40 PM	Date of Incident :	02/1/2020	Place Incident Occurred:	J2-pod
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Time of Report :	8:02 AM	Date of Report:	02/01/2020
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Detainee Name :	(b)(6)(b)(7)(C)	(SID#(b)(6)(b)(7)(C))	Housing Unit:	J2 Pod
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Codes & Subject:	Informational
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FROM:	Officer (b)(6)(b)(7)(C)	DEPARTMENT:	Security
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On Friday, January 31, 2020, I Officer (b)(6)(b)(7)(C) was posted as the 2nd shift (3PM-11PM) 118 J2 housing unit officer. At approximately 5:40pm, While conducting a security round on the top tier, I noticed Detainee (b)(6)(b) walking in the dayroom. Detainee (b)(6)(b) walked into Detainee (b)(6)(b)(7)(C) shoving him out the way with his shoulder. At approximately 6:00 pm multiple detainees approached the officer station to say they were going to hurt detainee Teixeira if he kept walking into them.

Reporting Staff Signature:	Officer (b)(6)(b)(7)(C)
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Supervisors Action Taken

Detainee (b)(6)(b) was placed on lockdown in J2-47. He was evaluated by medical staff then returned to his cell. Detainee (b)(6)(b)(7)(C) has been showing erotic behavior in the unit and was referred to mental health.

Supervisor	(b)(6)(b)(7)(C)	Date:	2/1/2020
Shift Com	(b)(6)(b)(7)(C)	and Type:	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input checked="" type="checkbox"/> Class 3

Comments/Action Taken:	
<i>I Agree with Action taken.</i>	
(b)(6)(b)(7)(C)	
Date: <i>2/1/20</i>	Shift Commander Signature:

24hr review			
(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)			
Date:	<i>2-1-2020</i>	Time:	<i>6pm</i>
Comments/Action Taken:			
<i>After reviewing the packet I agree with Detention being assessed in restrictive housing</i>			
Approved <input checked="" type="checkbox"/>		Deni	Modified <input type="checkbox"/>
Shift Commander / or higher authority Signature:		(b)(6)(b)(7)(C)	

Comments/Action Taken:	
(b)(6)(b)(7)(C)	
<input type="checkbox"/> Class 3 incident – Wardens signature is not applicable.	
Major Signature:	

Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)	
Date:	Warden Signature:

cc: _____

G:\POLICIES\200-Security\221.doc June 2017

DONALD W. WYATT DETENTION FACILITY	
Investigation Report	
INCIDENT REPORT #:	

Time of Incident:	6:00pm	Date of Incident	1-31-20	Place Incident Occurred:	J2
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Time of Report :	11:30am	Date of Report:	1-31-20
Time Investigation Started :	11:30am	Date Investigation Started:	1-31-20

Detainee Name :	Detainee (b)(6)(b)(7)(C) (Sid#(b)(6)(b)(7)(C))	Housing Unit:	J2
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Discipline Codes:	Discipline Charges:
C-10	Unauthorized physical contact with another Detainee

Investigating Officer:	Sergeant (b)(6)(b)(7)(C)	Department:	Security
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Summary of Incident

On January 31, 2020 officer (b)(6)(b)(7)(C) was posted in J2 as she was on the top tier conducting her security round when at approximately 6:00pm she noticed Detainee (b)(6)(b)(7)(C) walk in Detainee (b)(6)(b)(7)(C) shoving him out of the way with his shoulder.

Photos secured? <input type="checkbox"/> Yes - How many? <input checked="" type="checkbox"/> No	Video secured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type (circle one): DVR or Handheld
Description of contraband and/or weapon(s):	
Date/Time logged into evidence:	

Detainee Statement #1	(b)(6)(b)(7)(C)	SID#	(b)(6)(b)(7)(C)
Statement:			
Detainee (b)(6)(b)(7)(C) stated that Detainee (b)(6)(b)(7)(C) walked into him on purpose for no reason.			
Detainee Statement #2		SID#	
Statement:			
Detainee Statement #3		SID#	
Statement:			
Staff Witness Statement #1	Officer (b)(6) (b)(7)		
Statement:			
Officer (b)(6)(b)(7)(C) stated while she was conducting her security round she observed Detainee (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) walk into and shove with his shoulder Detainee (b)(6)(b)(7)(C).			
Staff Witness Statement #2	N/A		
Statement:			
Detainee Witness Statement #1	N/A	SID#	N/A
Statement:			

Detainee Witness Statement #2	N/A	SID#	N/A
Statement:			
Investigator Conclusion: I Sergeant (b)(6) (b) after conducting my investigation due to both the Detainee Statement and Officer (b)(6) (b) statement, I conclude that Detainee (b)(6)(b)(7)(C) remain in Restrictive Housing pending a Disciplinary Hearing.			
Time Investigation Completed:	12:15pm	Date Investigation Completed:	2/1/20
Investigating Officer Signature:	(b)(6)(b)(7)(C)		

**DONALD W. WYATT DETENTION FACILITY
ADMINISTRATIVE DETENTION PLACEMENT ORDER**

To: Captain (b)(6)(b)(7)(C) Shift Commander
From: Sergeant (b)(6)(b)(7)(C)
Regarding: (b)(6)(b)(7)(C) (b)(6)(b)(7)(C) 2-1-2020
 (Print Detainee Name) I.D.# Date

The above named detainee is being recommended/referred to restrictive housing for the following reason(s):	
<input type="checkbox"/>	A new commitment that has been recommended for administrative detention upon written order of the detainee's committing agency. (Provide explanation below and attach any supporting documentation)
<input type="checkbox"/>	A general population detainee that has been recommended for administrative detention upon written order of the detainee's committing agency. (Provide explanation below and attach any supporting documentation)
<input type="checkbox"/>	New commitment pending review for preventative segregation. (Commitment paperwork and/or Intelligence reflects high profile and/or violent)
<input checked="" type="checkbox"/>	Is pending investigation for violation of facility rules, regulations or criminal acts and his/her continued presence in general population poses a serious threat to life, property, self, staff, other detainees, or the security or orderly operation of the facility;
<input type="checkbox"/>	Is pending review for placement in Protective Custody(PC)
<input type="checkbox"/>	Has been placed in Protective Custody (PC)
<input type="checkbox"/>	Is pending review for placement in Preventative Segregation Custody(PC)
<input type="checkbox"/>	Has been placed in Preventative Segregation (PS)
<input type="checkbox"/>	Has been placed in Transitional Segregation (TS) pending transfer to another facility.

The above named detainee's presence in general population poses a serious threat to life, property, self, other detainees, security and/or orderly operation of the facility because: (Explain in as much detail as possible. A memorandum detailing the reason for placement may be attached in lieu of describing the specific incident in this section.)

Detainee is going to be placed in restrictive housing unit pending disciplinary report due to violating facility rules.

MEDICAL REVIEW	
Medical Staff Notified By:	Sergeant J. Rodriguez
Name of Medical Staff Member:	Rn Baker
Restrictive Housing Unit Placement Health Assessment Form Completed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Shift Commander's Approval:	(b)(6)(b)(7)(C)	Date:	2-1-2020	Time:	9:42am
On Coming Shift Commander's Review:		Date:	2-2-20	Time:	10
Detainee given a copy of this form If no, why not:		Date:		Time:	

Original: Records Dept
 cc: Warden (Within 72 hours)
 Chief of Security (Within 72 hours)
 Programs Director (Within 72 hours)
 Detainee

DONALD W. WYATT DETENTION FACILITY
RESTRICTIVE HOUSING PLACEMENT HEALTH ASSESSMENT FORM

(b)(6)(b)(7)(C)		DOB: 12/16/99
Notified By (Print Name/Title): (b)(6)(b)(7)(C)	Date/Time Notified: 2/1/20 11am	

Health Record Reviewed:

Any Known Active Medical Diagnosis? (Do not include specific diagnosis) Yes No

Medical Concerns Yes No
If yes, describe concern: _____

History of MH or Psychiatric Diagnosis? (Do not include specific diagnosis) Yes No

Active Mental Health Diagnosis? (Do not include specific diagnosis) Yes No

Suicide Ideations? If yes, circle one: History/Current Yes No

Suicide Attempts? If yes, circle one: History/Current Yes No
Most Recent Suicide Attempt (mode/date): _____

History of Self Injurious Behavior Yes No
If yes, describe: _____

Most Recent Self-Injurious Behavior (type/date): _____

Homicidal Ideations? If yes, circle one: History/Current Yes No

Other Mental Health concerns? Yes No
If yes, describe: _____

ADA Needs/Accommodations: Yes No

Disposition:

Cleared for Restrictive Housing Placement at this time.

Requires Further Medical or Mental Health Follow-Up place on: (check one)
 Constant Observation (one on one) Close Observation Watch

Concerns: _____

Medical and/or Mental Health Referral Completed? Yes No

Shift Commander Notified of disposition: (b)(6)(b)(7)(C)

Medical Staff: (b)(6)(b)(7)(C) Title: RN Date/Time: 2/1/20 11am

DONALD W. WYATT DETENTION FACILITY

Commitment Summary Report

Full Name: (b)(6)(b)(7)(C)

SID #: (b)(6)(b)(7)(C)

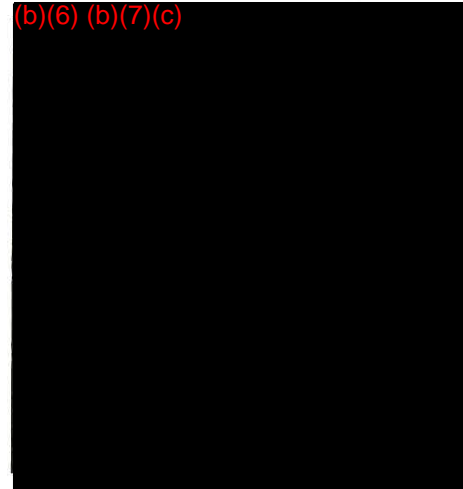
Permanent ID#: (b)(6)(b)(7)(C)

Booking #: (b)(6)(b)(7)(C)

Jurisdiction: BICE MASSACHUSETTS

Arrested By: BICE

Transported By: Plymouth County



Admission Type:

Booking Date/Time: 01/24/2020 03:33PM

Release Date:

Birth Date: (b)(6) (b)

Booking Officer: 840

Current Age: 20

Shift: 2

Race: NOT PROVIDED

Sex: M

Marital Status: SINGLE

SSN: XXX-XX-XXXX

Height: 5' 6"

Weight: 175

Eye Color: BROWN

Hair Color: BLACK

Complexion: MEDIUM

Build: MEDIUM FRAME

Property Bag #: 143 Housing: J-2 47 B

Gang:

Scars, Marks, Tattoos:

Enemies:

Known Aliases:

Type:
Officer ID#
Start Date:
End Date:
Reason:
Notes:

Booking Notes:

New Commit
Property searched
Clothes washed

Offense Date:	Offense#:	Offense Description:	Grade:	Sentence Date:
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	0300	IMMIGRATION	A	
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Notes:

**DONALD W. WYATT DETENTION FACILITY
DISCIPLINARY REPORT**

Release Date 2/25/2020

(b)(6)(b)(7)(C)

PART I. REPORT	DE: (b)(6)(b)(7)(C)	BOOKING: (b)(6)(b)(7)(C)	DATE & TIME: 01-31-2020 2:01pm	Report No. 1201
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HOUSING: J2-Pod	DISCIPLINARY OFFENSE(S) CHARGED: Fight/Mutual Physical Contact	OFFENSE CODE: A-07
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SUMMARY OF INCIDENT: On Friday, January 31st, 2020 at approximately 2:01pm, I, Officer **(b)(6)(b)(7)(C)** observed Detainee **(b)(6)(b)(7)(C)** in a physical altercation with another detainee. Detainee will be charged accordingly.

(b)(6)(b)(7)(C)	REPORT FILED DATE & TIME: 1-31-2020 3:27pm	EMPLOYEE NAME AND TITLE PRINTED: (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)	DATE SERVED: 1-31-2020	TIME SERVED: 3:30pm
Detainee placed on Administrative Detention pending Disciplinary Hearing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Current Housing Assignment: J2-48

PART II. INFORMAL SANCTIONS

8 HOURS EXTRA DUTY 24 HOUR LOCKDOWN FROM: _____ TO: _____ 48 HOUR LOCKDOWN FROM: _____ TO: _____

DETAINEE CHOOSES TO WAIVE HIS/HER RIGHT TO A DISCIPLINARY HEARING AND ACCEPTS A NON DISCIPLINE INFORMAL SANCTION. DETAINEE ACKNOWLEDGES THAT AN INFORMAL SANCTION DOES NOT BECOME PART OF THEIR PERMANENT RECORD AND THEREFORE IS NOT SUBJECT TO AN APPEAL.

Detainee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

PART III. DISCIPLINARY HEARING

OFFENSE: (b)(6)(b)(7)(C)	PLACE OF HEARING BY: (b)(6)(b)(7)(C)	DATE & TIME: 2/3/2020 1PM	DETAINEE CHOOSES TO WAIVE THE RIGHT TO A 24 HOUR HEARING NOTICE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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STAFF MEMBER WITNESSING REFUSAL: _____ SIGNATURE: _____ PRINT: _____

DETAINEE WAS ADVISED OF HIS/HER RIGHT TO REMAIN SILENT: YOU ARE ADVISED OF YOUR RIGHT TO REMAIN SILENT AT ALL STAGES OF THE DISCIPLINARY PROCESS BUT ARE INFORMED THAT YOUR SILENCE MAY BE USED TO DRAW AN ADVERSE INFERENCE AGAINST YOU AT ANY STAGE OF THE FACILITY'S DISCIPLINARY PROCESS. YOU ARE ALSO INFORMED THAT YOUR SILENCE ALONE MAY NOT BE USED TO SUPPORT A FINDING THAT YOU HAVE COMMITTED A PROHIBITED ACT.

I HAVE BEEN ADVISED OF THE ABOVE RIGHTS: **ICE Rights Attached** ON DATE/TIME: **2/4/2020 245r**

STAFF ASSISTANCE REQUESTED: YES NO STAFF NAME & TITLE IF REQUESTED: _____

WITNESS REQUESTED: YES NO WITNESS NAME(S): _____

CHARGE #1: A-7 <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input checked="" type="checkbox"/> GUILTY WITH EXPLANATION	DETAINEE SIGNATURE: _____ I acknowledge that if I plead guilty or guilty with explanation to any charge, I am waiving my right to appeal the finding of that charge.
CHARGE #2: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	
CHARGE #3: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> GUILTY WITH EXPLANATION	

SUMMARY OF TESTIMONY: *I was fixing a radio and I went to my cell and **(b)(6)(b)(7)(C)** came. I was asked for batteries I had none to give. He swore and hit me and we struggled.*

HEARING OFFICER CONCLUSION: *Guilty based on a preponderance of the evidence reports and statement from Warden **(b)(6)(b)(7)(C)** and detainees own admission*

CHARGE #1: A-7 <input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/> GUILTY 25 DAYS DISCIPLINARY SEGREGATION 0 DAYS SUSPENDED FOR 0 MONTHS	CHARGE #2: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY _____ DAYS DISCIPLINARY SEGREGATION _____ DAYS SUSPENDED FOR _____ MONTHS	CHARGE #3: _____ <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY _____ DAYS DISCIPLINARY SEGREGATION _____ DAYS SUSPENDED FOR _____ MONTHS
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I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING AND THAT I HAVE THE RIGHT TO APPEAL THESE FINDINGS IN WRITING TO THE WARDEN WITHIN A PERIOD OF FIVE DAYS. I CHOSE TO AWAIT THE RESULTS OF THE APPEAL BEFORE I ACCEPT THE SANCTIONS IMPOSED.

I HAVE BEEN ADVISED OF THE FINDINGS OF THE DISCIPLINARY HEARING. I WAIVE MY RIGHT TO APPEAL AND ACCEPT THE SANCTIONS IMPOSED.

(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

2/4/2020 245r
DATE & TIME
2/4/2020 245r
DATE & TIME

ICE Detainee Disciplinary Hearing Rights

You have the right to remain silent. You don't have to make any statements. Your silence will not be used against you during your disciplinary hearing.

Detainee Signature _____

(b) (6), (b) (7)(C)